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ABSTRACT

This guide contains 13 units to be used as a supplement in nurse assistant and health services courses. The units are self-paced and contain simplified line drawings, controlled text, vocabulary development, and mathematics practice exercises. Units consist of objectives, an introduction, a content outline, steps of a procedure, skill sheets, written evaluations, reviews, and practical evaluations. The units cover the following topics: self-esteem; developing professional work attitudes; work maturity; organizing work; being sensitive to patients' needs; infection control; giving perineal care; giving perineal care with a catheter; ambulating a patient; giving range of motion exercises; measuring weight and height; giving decubitus care; and using basic mathematics skills. (KC)

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SKILLS FOR Health Care Assistants

SUPPLEMENTAL UNITS FOR HEALTH CARE AND NURSE ASSISTANTS PROGRAMS

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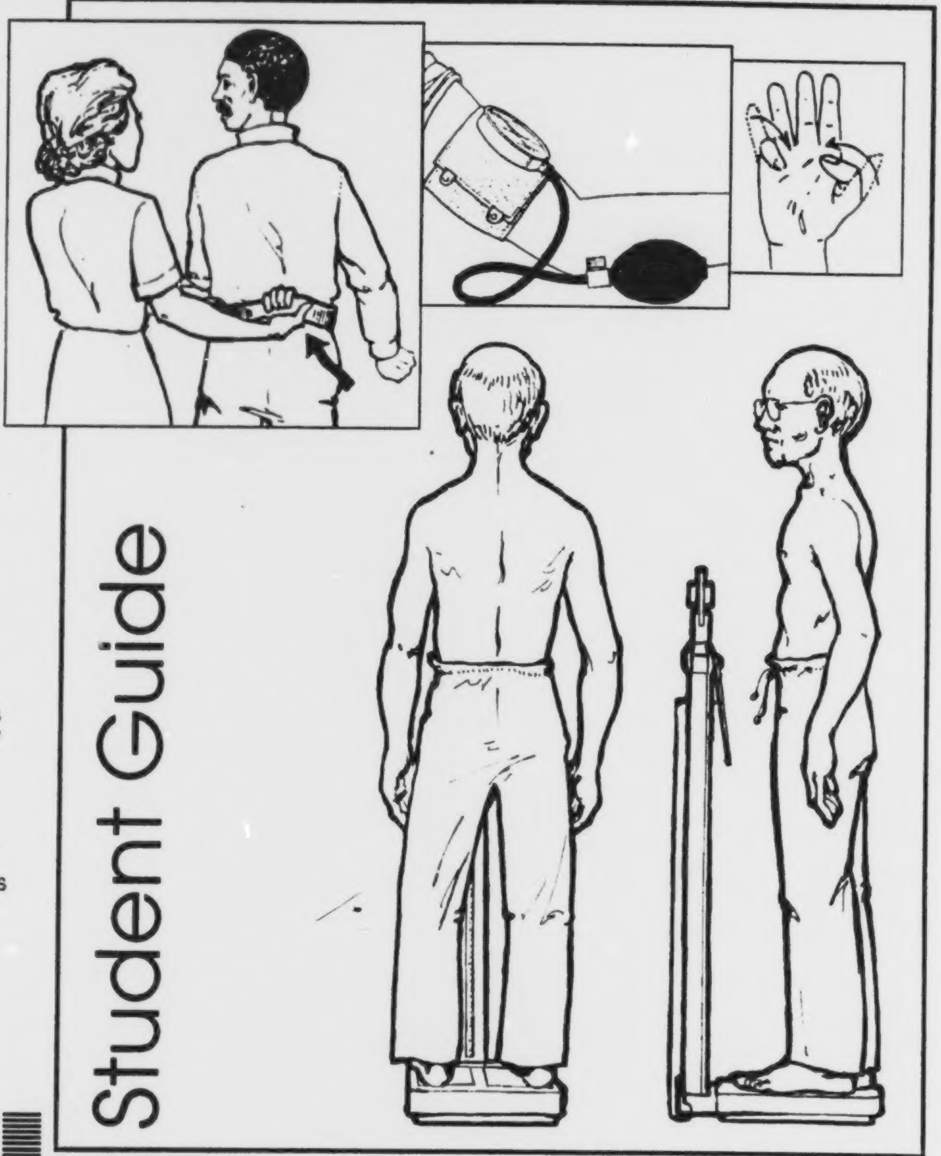

Student Guide

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SKILLS FOR
Health Care Assistants

Supplemental Units for Health Care and Nurse Assistants Programs

Student Guide

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Skills for Health Care Assistants

Preface

Skills for Health Care Assistants replaces Supplementary Units for Nurse Assistant in a Long-Term Care Facility. The original manual was designed to provide supplementary materials for students enrolled in nurse assistant courses. The advisory committee for the 1993 edition recommended that the title be changed since the units could be used to supplement nurse assistant and health services courses. Skills for Health Care Assistants is a curriculum project sponsored by the Missouri Department of Elementary and Secondary Education.

The units are self-paced and contain simplified line drawings, controlled text, vocabulary development, and math practice exercises. For ease of use, the color-coding has been changed to the following:

White:	Objectives, introduction to the unit, content outline, and steps of procedure are white pages.
Pink:	Skill sheets, written evaluations, and practical evaluations are pink pages. They are completed by the student and used by the instructor to evaluate student performance. Different forms of review, including matching, multiple-choice, and short answer exercises, are provided. Practical evaluations are included where appropriate. All pink sheets are to be returned to the instructor.

Self-Esteem

Unit Objective

After completing this unit, you should be able to identify the difference between high and low self-esteem and develop high self-esteem with assertive skills.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms in this unit with their correct definitions.

B. Compare high self-esteem to low self-esteem.

C. Develop high self-esteem with assertive skills.

D. Describe a positive, assertive communicator.

Introduction

Self-esteem is how you feel about yourself. It is the extent to which you feel capable and successful. It can influence your life in a positive or negative way. Your self-esteem will determine how successful you will be in life.

Self-esteem is acquired early in life and affects every aspect of our lives: happiness, peace of mind, relationships with others, job performance, and how we influence others. It is your expectations of yourself.

Do you have high self-esteem or low self-esteem?

A. Terms

Self-esteem - how you feel about yourself

High self-esteem - a positive estimate of one's own worth

Low self-esteem - a negative estimate of one's own worth

Assertiveness - a technique in communicating used to reflect the basic rights of all human beings: to judge your own behavior, to take responsibility for the initiation and consequences of your own behavior, to ask for what you want and to say no without feeling guilty

Needs - conditions required by individuals for survival and development

Personality - a person's unique qualities: temperament, habits, attitudes

Temperament - behavior which describes a person's usual way of responding to situations

Values - beliefs about the world and about how we should conduct our lives

Goal - specific event being worked toward; something to accomplish

B. Self-esteem

What is self-esteem?

- The way you think of yourself
- Your feelings
- What you believe you are
- What you want and value
- What you expect of yourself
- Positive and negative feelings about yourself

Each person has a unique combination of characteristics in physical, intellectual, emotional, social, and moral/spiritual areas.

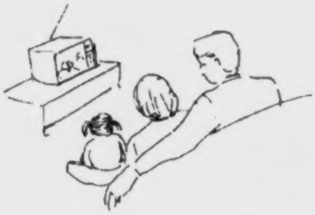
Physically
- Heredity
- Race
- Handicaps
- Birth order place
- Economic and cultural backgrounds
- Physical characteristics

Intellectually
- Types of thinking

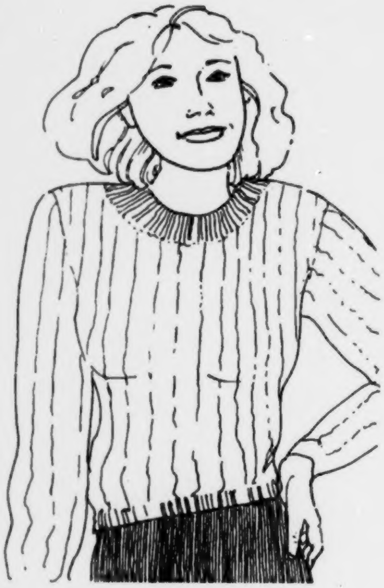
Emotionally
- Calm
- Excitable

Morally/Spiritually

Socially
- Family/home life
- Dating patterns

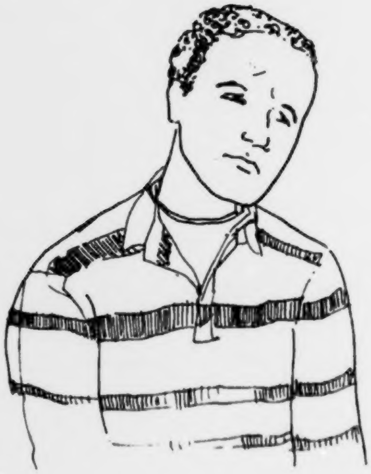


There are two types of self-esteem, high and low self-esteem. Low self-esteem can range from mild to very low.



High self-esteem can help you:
- Develop your abilities.
- Enjoy others and develop closer relation ships.
- Be more effective on the job.
- Accept new ideas and ways of doing things.

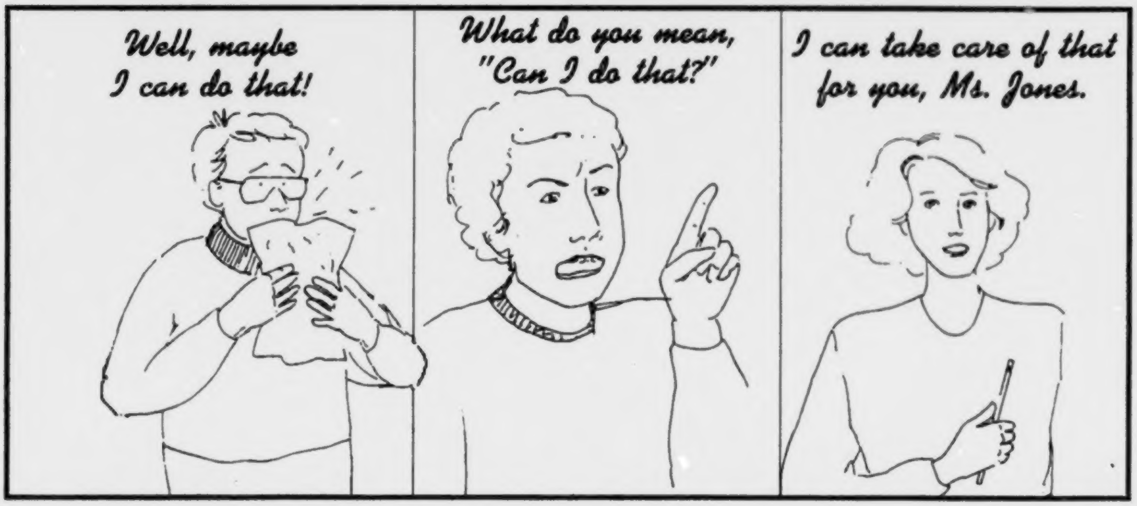
Low self-esteem can make you:
- Feel unloved and unhappy.
- Mistrust your abilities and accomplishments.
- Have an unrealistic view of yourself and others.
- Perform poorly on the job.
- Feel ineffective and worthless.
- Become involved in unhealthy relationships.



C. Developing high self-esteem with assertive skills

You can develop a healthy self-esteem - everyone can have it.

- Accept who you are.
- Work toward your potential.
  There are no limits to what you can do.
- Appreciate yourself.
- Don't get lost in self love,
  but never stop loving yourself.
- Forgive yourself.
- Be yourself. You cannot always please everyone. Don't be desperate to please.
- Know yourself, your needs, and your goals. You are the only one who has the right to evaluate, know, and defend who you are.


Well, maybe I can do that!
What do you mean, "Can I do that?"
I can take care of that for you, Ms. Jones.

PASSIVE COMMUNICATOR (Low Self-Esteem)

AGRESSIVE COMMUNICATOR (Low Self-Esteem)

POSITIVE ASSERTIVE COMMUNICATOR (High Self-Esteem)

People with high self-esteem communicate in positive ways.

A person with high self-esteem is assertive. A person with low self-esteem is passive, aggressive, or passive/aggressive.

A passive person:

- Sometimes pretends that he is not upset and just goes along with a decision rather than risk a confrontation.

An aggressive person:

- Has no consideration for anyone except herself.
- Reacts angrily.

A passive/aggressive person:

- Appears to be passive but is like a sniper waiting to kill.
- Has a "Don't get mad, get even" philosophy.
- Says o.k., but she thinks it is dumb and will not

D. You can become a positive, assertive communicator by:

- Talking only about what you observe.
- Talking only about your emotional reaction to the behavior.
- Not drawing conclusions about behaviors and the person.
- Beginning statements with “I” and avoiding statements beginning with “you” since this puts the other person on the defensive or makes him feel guilty.
- Telling the other person directly what you want her to do or change.
- Omitting the word “but” from your vocabulary.
- Using the word “and” often.
- Feeling free to say “I don’t know”.
- Making direct eye contact.
- Feeling free to change your mind.
- Feeling free to make mistakes.
- Knowing when to stop explaining.
- Saying “no” softly and not feeling guilty.
- Lowering your voice.

Remember that standing up for yourself will improve your self-esteem and give you more confidence.

Do Skill Sheets 1, 2, 3, and 4

You Are What You Think

Skill Sheet 1

Directions: Below are 10 statements that a person could repeat to himself/herself. Read each statement and determine whether it is a POSITIVE (+) self-talk statement that reflects a healthy and success-oriented outlook, or if it is a NEGATIVE (-), cynical, or unproductive statement. Check the appropriate space on the right to indicate your decision.

	positive +	negative -
1. "Life is full of changes and people must adapt to new things in order to grow."		
2. "Watch out! There is someone behind every corner waiting to get you!"		
3. "Don't get mad; get even."		
4. "No two people are alike. Everyone has talents and abilities unique to them."		
5. "I believe every cloud has a silver lining and that I can make some good come out of any situation."		
6. "Oh, I could not pass the Algebra exam; no one in my family has ever been smart in math or science!"		
7. "I am a master of my own ship in life and have the choice and ability to chart my own course."		
8. "Although they are not always accepted by the group, my ideas are fine and still hold value to others."		
9. "I am so ashamed. I was not selected for even a minor role in the school play!"		
10. "There are too many blocks in my path to go to college. I am boxed in!"		

Assertive Responses
Skill Sheet 2

Directions: For each situation, write an example of an assertive response.

1. Your friend often borrows clothes from you. Usually she doesn't return them until you remind her. When she does return them, they are usually dirty or wrinkled. Today she asks to borrow your new sweater.

2. Each Wednesday morning you pick up your friend for work. Because he is never ready on time, you are always 10 minutes late. This morning, as usual, he is not ready when you arrive at his place.

3. In class, the person who sits next to you frequently whispers jokes and makes remarks on the side. Your teacher has reprimanded both of you several times when this has occurred.

4. You are head of the school committee to plan a party. Each member of the committee has a job to do. You have called several meetings to make decisions about the party, but several members have failed to show up or have not brought the information needed to make the decisions.

Discuss your answers.

Know Yourself

Skill Sheet 3

Directions: Write a paragraph about each of the following:

1. The happiest time of your life: ______________________________

2. A critical turning point: ______________________________

3. A missed opportunity: ______________________________

Self-awareness Task

Skill Sheet 4

Directions: Here is a way to identify yourself more fully and become more aware of what the "real" you is like! Finish each sentence below briefly and as quickly as you can, without thinking too hard. (Go with your first thoughts and reactions.) Remember, this is a confidential task and you do not have to please anyone but yourself. Have fun with it!

1. I really get a lot of pleasure when I ______________________________
2. What "bugs" me the most is ______________________________
3. The best way I can think of to use my spare time is to ______________________________
4. What I would really like to be doing in five years is ______________________________
5. I would like my friends to ______________________________
6. If I were the president of the student body, the first thing I would do is ______________________________
7. If I could spend all my time in one course at school, it would be ______________________________
8. The thing I would like people to admire me for is ______________________________
9. My idea of a good job is ______________________________
10. Something I want that I have not told anybody about before is ______________________________

Self-Esteem
Written Evaluation

Match the terms in Column A with the correct definitions in column B.

Column A

___ 1. Self-esteem
___ 2. Values
___ 3. Goal
___ 4. Low self-esteem
___ 5. Personality
___ 6. High self-esteem

Column B

a. A person's unique qualities
b. A positive estimate of one's own worth
c. Our beliefs about the world and about how we should conduct our lives
d. Specific event being worked toward; something to accomplish
e. Behavior which describes a person's usual way of responding to a situation
f. How you feel about yourself
g. A negative estimate of one's own worth

Place an X in front of the statements that an individual with high self-esteem might say.

___ 7. I will fail.
___ 8. I will succeed.
___ 9. I learn from my mistakes.
___ 10. I'm afraid to try.
___ 11. People like me.

12. Describe three behaviors that a positive, assertive communicator exhibits.

Developing Professional Work Attitudes

Unit Objective

After completing this unit, you should be able to practice appropriate professional work attitudes and actions for becoming a health care assistant.

Specific Objectives

After completing this unit, you should be able to:

A. Define terms in this unit which relate to developing professional work attitudes.

B. Identify keys to becoming a professional worker.

C. Apply correct procedures for being late or absent.

D. Describe proper dress and hygiene for a health care assistant.

Introduction

As a health care assistant in a health care facility, you have serious legal and moral obligations to the patients. Patients have rights by law for protection of their lives and property. You and other health care team members are held responsible. Negligence, discrimination, or denial of patients' rights can get you in serious legal trouble.

Equally important is your moral obligation to the patients. Your moral obligations are to help any patient in need, be courteous and professional, get to work on time, and do your best when you are at work.

These obligations and responsibilities are developed through good professional work attitudes. This unit will look at characteristics and guidelines which are necessary to develop professional work attitudes needed to be a good health care assistant.

A. Terms

Work attitudes - how you feel about your job and the responsibilities that go with the job

Professional - having great skill or experience in a particular field or activity

Long-term care facility - facility designed for health care of individuals for an extended period of time

Acute care facility - hospitals and clinics for immediate, short-term care

Health care facility - facility designed for care of patients

Home health care - extended care given in the home

Hospital - a facility which provides care for patients of all ages with varied health problems

Resident - this term is usually used when referring to individuals receiving health care in a long-term care facility

Patient - this term is usually used when referring to an individual receiving health care in acute care facilities

Client - someone who pays a professional for services; can be a patient or resident

Absenteeism - frequently not showing up for work

Dependable - trustworthy, ability to be "counted on"

Competent - having necessary skills to give health care

Hygiene - body cleanliness and care

Moral obligation - responsibilities of a worker to help patients, to be courteous and professional, and to do your best on the job

Negligence - failure to act as a nursing assistant would properly act in certain situations

Reputation - feelings and attitudes people have about you because of how you act

Responsibility - specific jobs, duties, and attitudes for which you are held accountable

Tardiness - lateness, not being on time

Residents' rights - rights of long-term care residents as stated by legal and moral standards of conduct

Discrimination - treating a person differently because of race, color, age, religion, personal feelings, etc.

Policies - courses of action chosen to guide people in making decisions

Confidentiality - something done or communicated away from the general public; kept secret

B. Know How to be a Professional Worker

Health care facilities are organized to run most efficiently with a certain number of people on staff. When a single employee is not dependable, everyone suffers.

Your absenteeism or tardiness will cause more work for your co-workers. This, in turn, causes bad feelings toward you and can create an unpleasant atmosphere where you work.

Keys to being a professional worker:

- Getting to work on time
- Calling in when you know you will be late or absent
- Completing work on time
- Doing assigned tasks well
- Being honest and respectful
- Doing what needs to be done without being asked to do it; taking the initiative
- Maintaining confidentiality

What happens if you don't do your job? Who gets hurt? Everybody, including you!

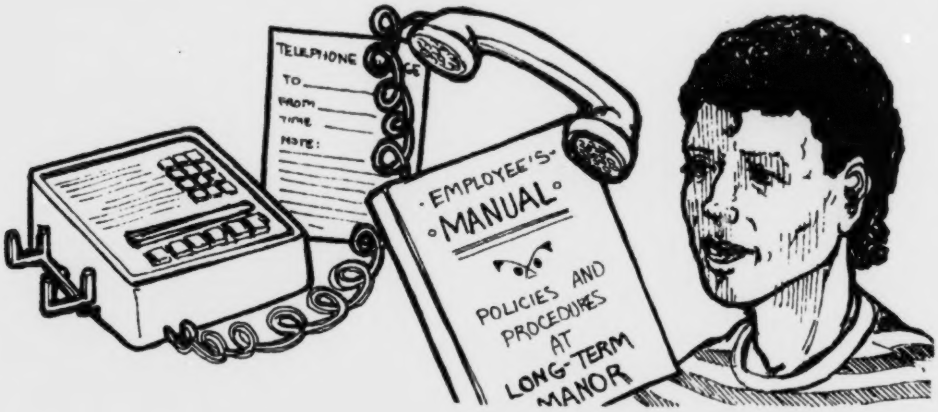
You Harm the Patients - Their health may become worse because you weren't there to help them exercise, eat, or receive proper care. It is a big responsibility, and you are held accountable.

You Harm Your Co-Workers - If you are not responsible on the job, your work becomes the responsibility of your co-workers. That means they must do your work in addition to their own work. Would you want to do someone else's work because they were absent a lot? Of course not! You cannot expect others to constantly be covering for you either. If you don't have a good attitude and respect for the rights and responsibilities of others, it can cause bad feelings with the people you work with.

You Harm the Facility - Word gets around in a health care facility about who does a good job and who doesn't. That word also gets to the public. A health care facility's reputation is built on the quality of the people working at it. If one employee does not do a good job, that can affect the reputation of the entire facility.

And, You Harm Yourself - By creating a reputation of not being dependable, you cannot win the confidence or respect of your co-workers, supervisors, or the patients. Your reputation follows you from job to job and place to place. A good reputation can help you get a job and a bad reputation can keep you from getting that same job. Be sure your reputation is one that you WANT to follow you.

C. Procedures for Tardiness and Absenteeism



- Refer to policies at the facility where you are working. Be sure you understand and accept the facility policies BEFORE you accept the job.

- Always call your supervisor as soon as you realize you will be late or absent. Try to give at least one hour's notice so that more help can be called in if necessary.

- If your supervisor is unavailable, leave a message. The message should contain the following information:

  1. Your name
  2. Whether you will be absent or late
  3. How late you will probably be

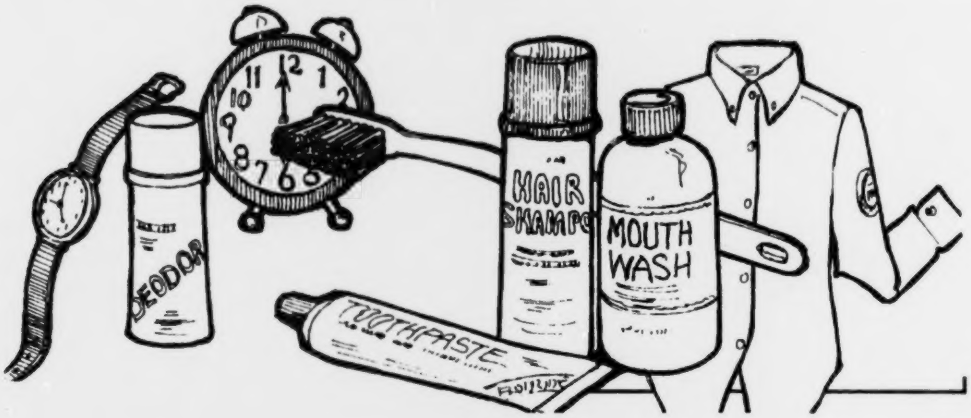
  Get the name of the person taking the message. Call back and talk to your supervisor when possible.

- Leave early enough for work to allow for any problems that might occur. Frequent tardiness is a problem for everyone. In most instances, tardiness can be avoided if you plan your time.

- Get a written explanation or physician's note for absences if your facility requires it. Failure to follow policies can result in disciplinary action, such as warnings, counseling sessions, or even dismissal.

REMEMBER: When dismissed from a job for excessive absenteeism or tardiness, that information becomes part of your permanent work record. Having an unsatisfactory work record can prevent you from getting other jobs or advancing to higher positions at your present job.

D. Showing Proper Dress and Hygiene



By the time you are ready to begin a professional level of work you should know the importance of proper dress and personal hygiene. These include many daily tasks: bathing, washing your hair, brushing your teeth, using mouthwash and deodorant, keeping fingernails clean and short, getting plenty of rest, and NEVER using alcohol or drugs before going to work.

These are just the basics; from there you must follow the facility's dress code which can include: uniforms (clean and unwrinkled regardless of what type), shoes, make-up, hairstyle (keep it short or pinned up to prevent spread of germs), and jewelry. Remember, patients have confidence in you to help them and how you look, act and smell helps create that confidence. Wear clean hose and shoes daily. If you smoke, wash your hands before and after smoking.

Codes will vary from facility to facility, so be aware of what will be expected of you before you accept the job.

Do Skill Sheets 1, 2, and 3

Making Decisions I
Skill Sheet 1

Directions: Read each of the situations below and answer the questions following each situation.

You are working the 7:00-3:00 shift at Long-Term Manor. You are up and ready to go to work. At 6:15, you wake the baby, age 18 months, to get him ready to drop off at the baby sitter. You discover he is still running a temperature. You missed two days of work last week because he was sick with a cold and now it looks like he might be getting sick again. Your mother said last week that she would care for him if he got sick again but this would be such short notice, and you're not sure she could do it. You don't really want to miss work either but you also don't know how sick he might get.

Considering all of the facts, what would you do? ____________________

____

____

____

____

____

What helped you reach this decision? ____________________

____

____

It is 8:00 and Marvin still hasn't come in for his 7:00 shift. You covered for him yesterday and twice the week before. You feel you haven't been able to care for your own patients as well as you can because of taking care of Marvin's too. You know he'll show up and say his alarm didn't go off or his car wouldn't start, and, of course, he'll be sorry. At 8:15 you see him coming.

What are you going to say to Marvin? ____________________

____

____

____

Have your instructor role-play as the supervisor where you work. Get his/her reaction to your decisions to each of the situations above.

Personal Hygiene

Skill Sheet 2

Directions: Read the situation below and answer the questions following the situation.

It's your first job and you have the 7:00-3:00 shift. You find it is harder than you thought it would be to get up every morning at 5:45, shower, shave, eat, and still get to work on time. This is especially true after a night out with your friends. So, you've skipped brushing your teeth some mornings and even skipped your shower a few times. You realize too, on those mornings you are probably a bit rude to some of your more demanding patients.

Today, your supervisor calls you in to say that there is some concern that your personal hygiene and attitudes are not up to the standards of the facility.

What do you say to your supervisor? ______________________________

____

____

____

____

____

What would you have to change to keep your job? ____________________

____

____

____

____

____

Making Decisions II

Skill Sheet 3

Directions: Read each of the situations below and answer the questions after each situation.

You've had the flu for the last two days. Yesterday afternoon you called and said you'd be in to work today at 7:00. At 6:30 when you go to start your car, the battery is dead. You had left the lights on when you got home two days ago! It is a 20 minute drive to work. You've called the service station, and they can have someone out to charge your battery by 7:15. You could wait for service truck and be late for work or you can catch the bus in 5 minutes and arrive at work on time.

What do you do? ______________________________

When you apply for the health care assistant position at the new Health Care Center across town, the personnel manager asks about your previous experience and work record.

At your last job, you worked with your girlfriend. Whenever you had a fight with her, you didn't go to work or call in. In fact, that was why you got dismissed. Of course, you have matured since then and feel a little more responsible.

You have heard that this personnel manager doesn't check work references so if you don't tell her anything, chances are she will never find out.

What do you tell the personnel manager about your last job? ______________________________

What changes will you try to make if you are hired? ______________________________

____

____

____

Have your instructor role-play as the supervisor and personnel manager in the situations above. Get his/her reaction to the decisions you make for each situation.

Developing Professional Work Attitudes

Written Evaluation

Match the terms in Column A with the definitions in Column B.

Column A	Column B
____ 1. Absenteeism	a. Late, not on time
____ 2. Reputation	b. Failure to properly act in certain situations
____ 3. Responsibility	c. Not showing for work, absent
____ 4. Tardiness	d. Feelings and attitudes people have about you because of how you act
____ 5. Hygiene	e. Specific jobs, duties, and attitudes for which you are held accountable
	f. Body cleanliness and care

Match the facility in Column A with its function in Column B.

Column A	Column B.
____ 6. Hospital	a. For immediate, short-term care
____ 7. Acute care facility	b. For patients of all ages with varied health problems
____ 8. Long-term care facility	c. For the care of patients for an extended period of time
	d. For extended care in the home

9. List four groups that can be harmed if you do not do your job.

a. ____________________
b. ____________________
c. ____________________
d. ____________________

Circle the best answer in each sentence.

10. (Tardiness, Absenteeism) is when you do not come to work.

11. (Tardiness, Absenteeism) is when you are late for work.

12. If you are going to be late or absent from work the correct procedure to follow is:

a. Have your parents call the health care facility.
b. Call the facility shortly after the time you are to report.
c. Have another worker tell your supervisor you will be late or absent.
d. Call and talk to your supervisor at least one hour ahead of your shift.

13. Daily tasks which are important to good personal hygiene are:

a. Covering a dirty uniform with a clean lab coat.
b. Bathing each day, wearing clean clothes, and using deodorants.
c. Applying makeup and keeping long fingernails polished.
d. Sending your uniform to be dry cleaned.

14. You must look and act professionally for patients to:

a. Talk with you.
b. Talk about you.
c. Have confidence in you.
d. Like you.

Developing Professional Work Attitudes
Evaluation

______________________has successfully performed the following.
(Student)

Developing Professional Work Attitudes		Yes	No	Comments
1.	Reports to work on time.			
2.	Keeps absenteeism and tardiness to a minimum.			
3.	Calls in early to report absenteeism or tardiness.			
4.	Performs all assigned tasks well and on time.			
5.	Shows initiative (did work which needed to be done without having to be told).			
6.	Demonstrates personal cleanliness.			
7.	Complies with facility's dress code.			
8.	Maintains confidentiality.			

____
Student's Signature/Date

____
Instructor's Signature/Date

Work Maturity

Unit Objective

After completing this unit, you should be able to demonstrate appropriate characteristics and actions necessary to be a health care assistant.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms in this unit with their correct definitions.

B. Identify behaviors which exhibit professional work attitudes.

C. Describe situations where the health care assistant should always say "NO".

Introduction

Work maturity is being ready to accept the responsibilities of a job as a health care assistant.

Employers have certain expectations when you accept a job. Generally employers expect health care assistants to:

- know how to do basic nursing procedures,
- be committed to the job and responsibilities, and
- have the ability to function as a reliable team member.

This unit will cover traits and characteristics necessary for being successful as a health care assistant.

A. Terms

Attitude - a feeling or opinion about something

Common sense - good judgment

Confidential - information to be kept secret

Caring - understanding fears, problems, and distress of another person combined with a desire to help

Cooperative - willing to work with co-workers, supervisors, and patients

Courteous - having good manners; concern for the comfort of others

Dependable - trustworthy, ability to be “counted on”

Efficient - working with a minimum of wasted time or supplies

Empathic - being able to put yourself in another’s place and see things as he or she sees them

Enthusiastic - having great excitement about something

Foresight - ability to plan ahead, anticipate

Gossiping - talking about people behind their backs

Honest - showing truthfulness

Initiative - ability to follow through with a plan or task without constant direction from supervisors

Loyal - speak well of employer, keep company concerns in the company and at the office

Neatness - good grooming, tidy work area, organization

Open-minded - able to accept new ideas; ability to see both sides of a question or an argument

Respectful - showing regard for another; recognizing the worth of another person

Self-control - ability to control emotions and impulses

Tactful - saying the right thing at the right time in a way that does not offend

Sense of humor - ability to see and enjoy the funny side of life

Personal appearance - how you look including dress and grooming

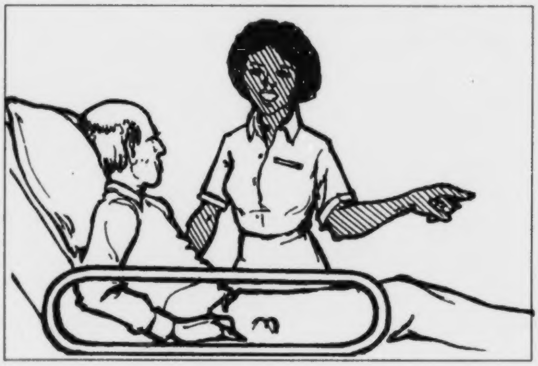
Legal - that which pertains to law

B. Proper Work Attitudes and Behaviors

1. Be caring.

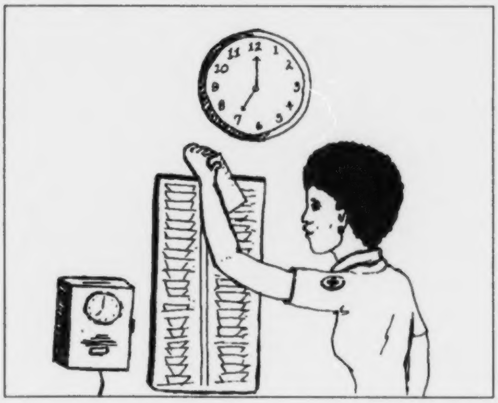
    - Care enough to make the patients' lives happier, make their lives easier, and assist in lessening any pain they may have.

    - Give help to the patient in a kind, courteous manner.



2. Be dependable.

    - Be prepared to start work on time.
    - Return promptly from breaks and lunch.
    - Follow policies of the facility.
    - Keep promises which you make.
    - Perform your assigned task quickly and efficiently.
    - Accept and carry out regular and additional duties.
    - Perform tasks you know should be done without having to be told.
    - Attend work regularly; keep absences and tardiness to a minimum.

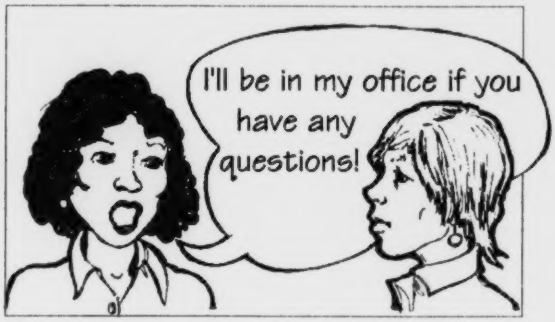


3. Be respectful to others.

   - Be considerate of patients' feelings.
   - Be kind and gentle when giving care.
   - Be polite to visitors and families.
   - Show respect for your supervisor and co-workers.
   - Never criticize the patient.

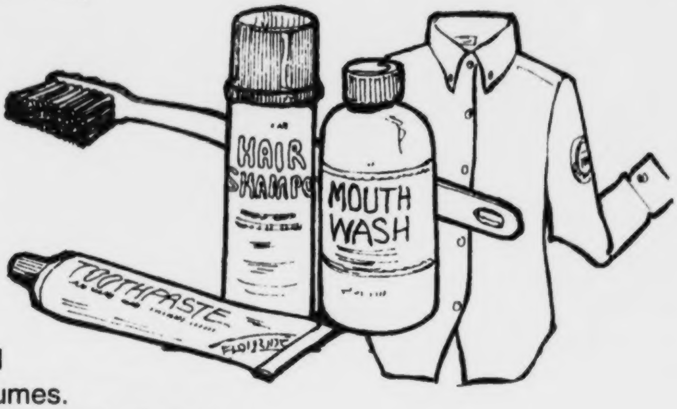
4. Be efficient when working.

   - Meet deadlines for giving care.
   - Be exacting and careful when following the instructions of your supervisor.
   - Know your job and what is expected of you.
   - Be responsible for your own actions.
   - If you do not understand directions given by the supervisor, you should ask for clarification before beginning a task.


I'll be in my office if you have any questions!

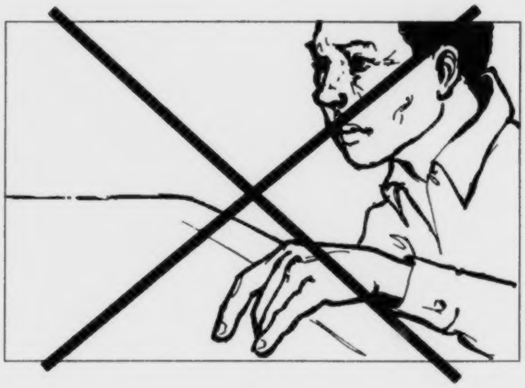
5. Practice good grooming and personal hygiene.

   - Follow the dress code of the facility where you are employed.
   - Bathe daily, use a deodorant, and brush your teeth.
   - Your hair should be clean; arranged in a simple style.
   - Shave daily.
   - Beards and mustaches should be neatly trimmed.
   - Do not use strongly scented after-shave lotions and perfumes.
   - Wash your hands after going to the bathroom.
   - Fingernails should be clean, short, and neatly shaped.
   - Change sanitary napkins and tampons frequently.



6. Be honest.

   - Petty theft (theft of something of little value) is a criminal offense.
   - You must never take anything that belongs to the patient.
   - Supplies, equipment, and materials that belong to the facility are never to be stolen.
   - When giving care to the patient, report any observations accurately.
   - Report truthfully any errors that you make.



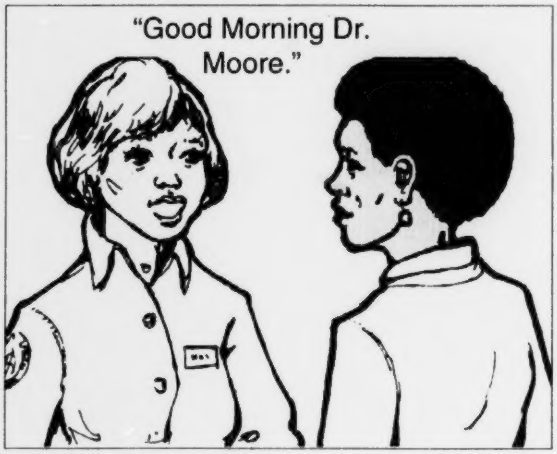
7. Be enthusiastic about your job.

   - Remember your job is very important.
   - Show that you are eager to gain more knowledge about your job.
   - Be interested in your job and for those whom you provide care.

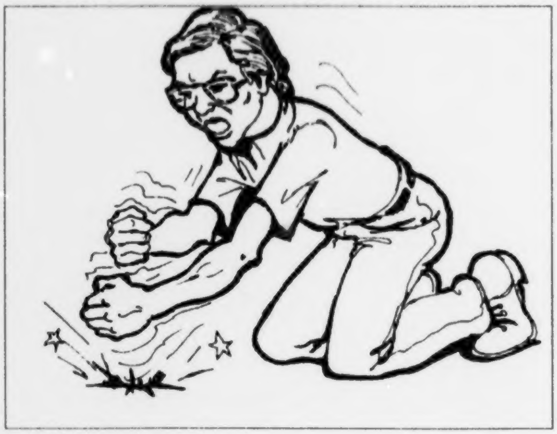
8. Do not gossip about your patients or co-workers.

   - All information concerning the patient is confidential.
   - Information concerning the patient can only be discussed with your supervisor or the doctor and must relate directly to the patient's care.
   - Do not discuss information concerning the patient with the news media, other patients, family members and friends of the patient. Also, do not discuss the information with co-workers not related directly to the patient's care. Never discuss patients with your family, neighbors, or friends.

9. Be courteous when working with others.
    - Address each person by name.
    - Ask the patient if he or she prefers to be called by his or her first or last name.
    - Never call an elderly person grandma, grandpa, or other pet names.
    - Address people by their titles - Good Morning, Dr. Moore.
    - Say please and thank you.
    - Never speak in a loud voice or yell in the hallway.
    - Use appropriate language.
    - Foul language should never be used in the work place.
    - Always explain to a patient what you are going to do before beginning a procedure.
    - Never speak to patients as if they are children.
    - Don't interrupt others when they are speaking.
    - Be friendly.
    - MAINTAIN SELF-CONTROL. Don't lose your temper.


"Good Morning Dr. Moore."

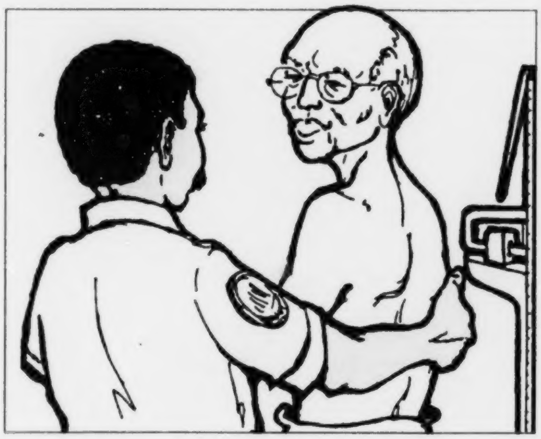
10. Be tactful. Think before you speak.
    - Don't be moody, sarcastic, unhappy, or bad-tempered when caring for patients or when working with co-workers.



11. Be cooperative.

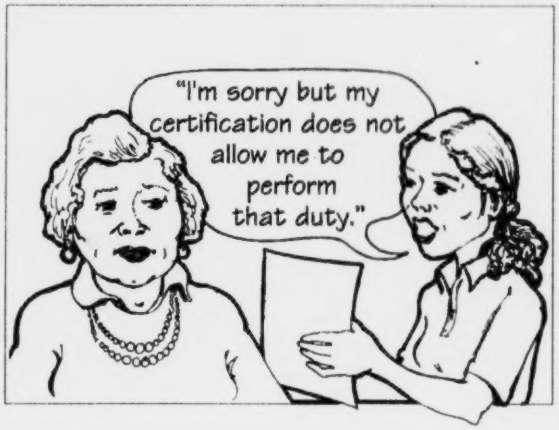
- To be considered a cooperative person, you must be willing to help others.
- You must do a good job, NOT an average job.
- You must show willingness to learn.
- Accept assignments without complaining.
- You must follow advice and directions of your supervisor.

12. Exhibit empathy to others.



- To be an empathic person you must listen to the patients' feelings as well as their words.
- Always ask yourself how you would feel if you were in the same situation as the other person.
- You must treat patients with respect and understanding regardless of any hostility, anger, or denial they may show.

C. Say NO firmly but respectfully when:


"I'm sorry but my certification does not allow me to perform that duty."

1. You are asked to do something that you have not been trained to do. Promptly explain to the nurse why you cannot do the request or order.
2. You know that what you have been told to do will cause harm to the patient.
3. The supervisor's directions are against facility policy, unethical, or illegal.
4. What you have been told to do is unclear or incomplete.
5. Asked to:
    a. Give a medication.
    b. Insert a tube into a body opening or remove a tube from the body.
    c. Take telephone or oral orders from a physician.
    d. Perform a procedure that requires sterile technique.
    e. Tell the patient or his/her family the diagnosis or treatment plan.

Remember: *do a good job, not an average job!*

Do Skill Sheets 1, 2, and 3

What's Your Attitude?

Skill Sheet 1

Directions: In the two columns below, place an X in front of the comment that you feel describes you better.

Negative (-)	**OR**	**Positive (+)**
___1. Rarely smiles		___1. Smiles easily and often
___2. Tries to force own ideas on others; unwilling to change		___2. Open to new ideas; willing to change
___3. Inflexible; unable to see other's point of view		___3. Flexible; open-minded
___4. Constantly complains		___4. Rarely complains
___5. Blames others for own mistakes; irresponsible		___5. Takes responsibility
___6. Continually criticizes others		___6. Rarely criticizes
___7. Inconsiderate; selfish		___7. Considerate of others
___8. Unable to communicate with direct eye contact		___8. Communicates effectively with direct eye contact
___9. Full of excuses		___9. Seldom makes excuses
___10. Often bored; has few interests		___10. Keeps busy; has a variety of interests

Total the number of negative answers. ___________

Total the number of positive answers. ___________

Discuss your answers with your instructor.

Evaluating Your Work Maturity
Skill Sheet 2

Directions: Evaluate your work maturity by circling yes or no to the following traits.

Student Name ______________________________

1. I am kind and courteous. Yes No
2. I am dependable. Yes No
3. I show respect for others. Yes No
4. I complete tasks effectively with or without supervision. Yes No
5. I have good personal hygiene. Yes No
6. I am honest. Yes No
7. I display enthusiasm. Yes No
8. I do not gossip. Yes No
9. I am courteous to others. Yes No
10. I am tactful. Yes No
11. I am willing to help others. Yes No
12. I listen to others' feelings as well as their words. Yes No

How many "yes" answers did you have? __________

How many "no" answers did you have?__________

Discuss your answers with your instructor.

Listening Skills

Skill Sheet 3

Directions: Evaluate your listening skills by circling yes or no to the following questions.

1. Do I interrupt others when they are speaking? Yes No
2. Do I judge whether a person is wrong or right? Yes No
3. Do I judge whether a person is good or bad? Yes No
4. Do I give my complete attention to the person giving me directions? Yes No
5. Do I make eye contact with the person talking to me? Yes No

If you don't interrupt or judge others, but do pay attention and make eye contact, you are a good listener.

Decision Making

Skill Sheet 4

Directions: Read the following situations and decide how you would act in each.

1. You are working as a health care assistant in a long-term care facility on the day shift. Another health care assistant whom you work with helps herself to part of a patient's breakfast food because she did not have time to eat before coming to work. What action would you take in this situation?

2. Mary knows you work as a health care assistant. She asked you to tell her some interesting things about your patients. What would you say to her?

3. You and Sam are riding the bus home after work. Sam begins to talk about the patient he was assigned. He says the patient is very senile and confused. What would you say to him?

Work Maturity
Written Evaluation

Match terms in Column A to definitions in Column B.

Column A

____ 1.Gossiping

____ 2.Confidential

____ 3.Attitude

____ 4.Honest

____ 5.Tactful

Column B

a. Saying the right thing at the right time in a way that doesn't offend

b. Recognizing the worth of another person

c. Talking about people behind their backs

d. A feeling or opinion about something

e. Information to be kept secret

f. Showing truthfulness

Match terms in Column A with the correct definitions in Column B.

Column A

____6. Courteous

____7. Empathic

____8. Respectful

____9. Dependable

____10.Self-control

Column B

a. Trustworthy, ability to be "counted on"

b. Ability to control emotions and impulses

c. Sincere interest in others

d. Having good manners; concern for the comfort of others

e. Showing regard for another; recognizing the worth of another person

f. Being able to put yourself in another's place and see things as he or she sees them

11. Which of the following is an example of a trait of a "dependable" worker?

    a. Follows facility's policies only when the supervisor is around
    b. Wears fingernails long
    c. Reports to work on time
    d. Speaks to patients in a loud voice

12. Being honest is a very important trait for a health care assistant. In which of the following situations did Jane, the health care assistant, do the "honest" thing?

    a. Jane kept a $5.00 bill that she found next to one of her patient's bed.
    b. Jane borrowed one patient's magazine and never got around to returning it.
    c. Jane called in sick on Tuesday because she just needed a day off.
    d. Jane picked up and returned a $1.00 bill that she saw a co-worker drop while at the snack bar.

13. List three situations where you, the health care assistant, should always say "No".

    1.

    2.

    3.

Organizing Your Work

Unit Objective

After completing this unit, you should be able to organize your work and plan your time in order to complete all of your assigned duties during your shift.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms needed for daily patient care with their correct meanings.

B. List four steps for organizing work.

C. Identify the most important tasks.

Introduction

In most health care facilities, it is the health care assistant's responsibility to organize the daily care for certain patients. As a health care assistant you will realize there is never enough time to do everything you want to do, so you must learn to control and manage the time you have.

At the start of your shift, you will receive your assignments from the charge nurse or supervisor. You will be told which patients to care for and the specific needs of each patient. It is your responsibility to pace yourself so that you complete all of your assignments before your shift ends.

In this unit you will look at how to plan your work and how organization and planning can save you time and energy.

A. Terms

Intake & Output (I & O) - record of liquids taken and expelled by patient during a period of time

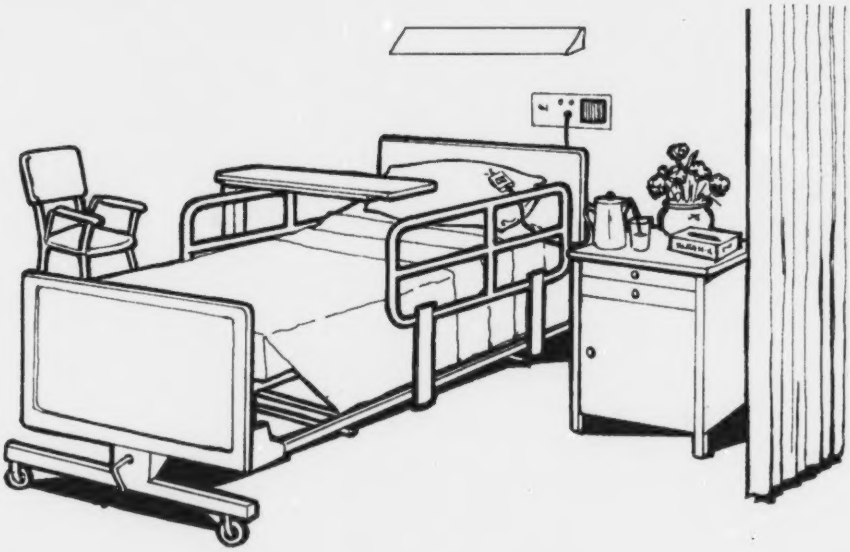
Making rounds - observing and visiting with patients

Oral hygiene - mouth and teeth care for patients

Priority - something which comes first or is the most important

Procrastination - to keep putting things off

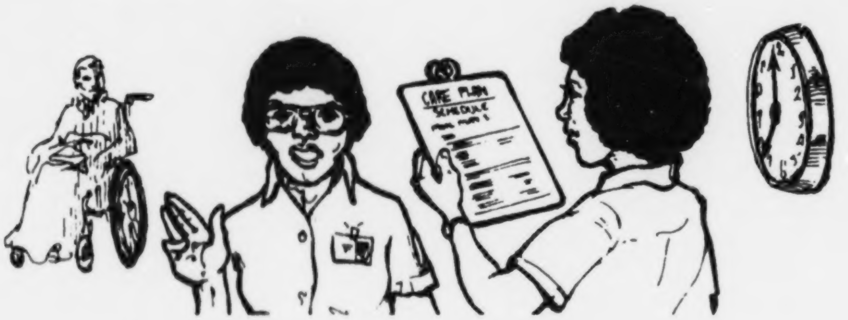
Patient unit - consists of a hospital bed with rails, bedside table, chair, reading lamp, overbed table, and signal cord



B. Organizing Your Work

To organize your work, you must know what you have to do, how long those tasks will take, and how to plan for any disruptions that might interfere. To assemble this knowledge, you must go through four steps.

Step 1. Gather Information.



This is finding out what must be done. Check the care plan or with your supervisor to determine care for each patient assigned to you. See if any patients have schedules that must be followed (for instance, one may need to be turned or offered the bedpan every two hours). Also, check the activity calendar for planned events in the long-term care facility.

Make rounds. Making rounds means seeing each of your assigned patients to see if they have any immediate needs. At this time, introduce yourself as the health care assistant for the shift.

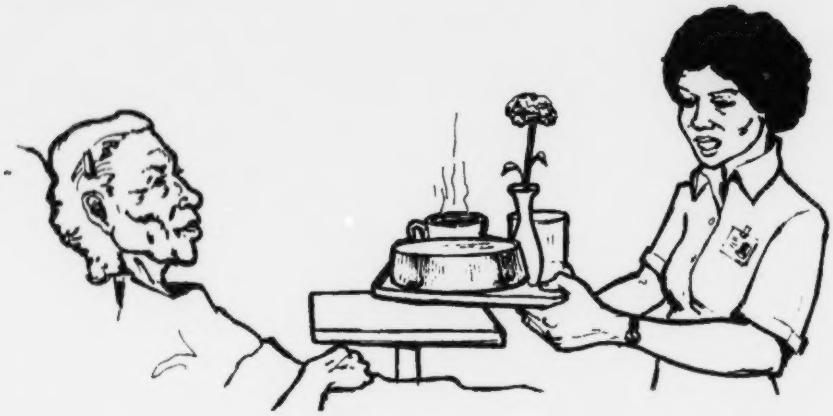
Once you have gathered information, it is time to do step 2.

Step 2. Develop a Plan.

Developing a plan is figuring out how to get the job done. Plan what you are going to do, how you will do it, and when you will do it. Setting priorities must be part of your plan. Decide who needs attention first. Some assignments must be completed within a specified time frame. Other assigned tasks will need to be done by the end of the shift. There are no set rules for this, common sense (and your supervisor or charge nurse) will help you decide. Just remember that the welfare and safety of the patients are the highest priorities.

Once you develop a plan, go to the next step.

Step 3. Carry Out the Plan.



Carrying out a plan is doing the task. It usually consists of three parts: preparing, acting, and finishing the task.

To prepare for the task, you must gather the equipment and supplies you will need for the task. Gathering equipment and supplies saves extra trips back and forth which saves time.

Acting is doing the particular task. You can be more efficient if you describe to the patient what you will be doing. This way the patient will know what to expect and can actually work with you. One effective way to make your job easier is to encourage self-care. If patients are able to feed and groom themselves, they will feel better by being allowed to perform these tasks of daily living.

To finish a task, always remember to return equipment to its proper place and to discard trash.

After finishing a task, you are ready to do step 4.

Step 4. Revise the Plan.

Sometimes you may need to change the way you had planned to do a task. This is called revising the plan. If you find yourself getting behind or unable to finish a task, ask for help! If this is a constant problem, review how you organized your plan and see if you can make it better. A plan may need to be revised several times before it works best for you.

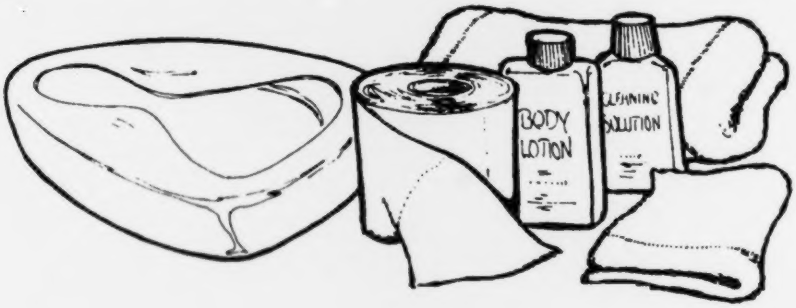
C. Arranging Daily Care for a Patient

The patient's condition will determine how much care will be necessary during your shift. Some patients will require a lot of attention; others will be able to care for themselves. Remember, it is good for patients to do as much as possible for themselves.

Daily care tasks are often divided into time periods. Look at these time periods listed on the next pages. Some tasks may be done at different times. Care must be individualized to meet your patient's needs. The most important tasks are listed first.

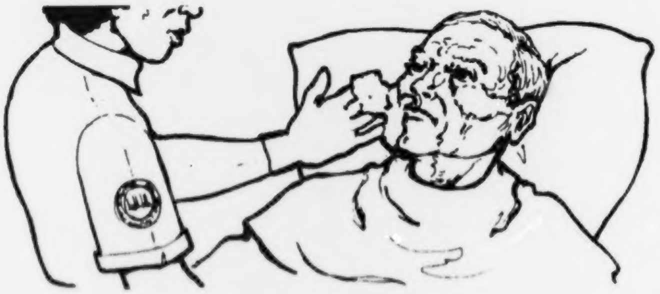
1. **Special Daily Care**

- Organize tasks according to directions from your charge nurse or supervisor.
- Answer a patient's signal call promptly.
- Check patient frequently for comfort, safety, and special needs. Keep patient clean and dry.
- Report any unusual observations.
- Check, clean, and return special equipment (urinary drainage bags, ambulatory devices, etc.).
- Record intake & output as directed.
- Offer fluids frequently



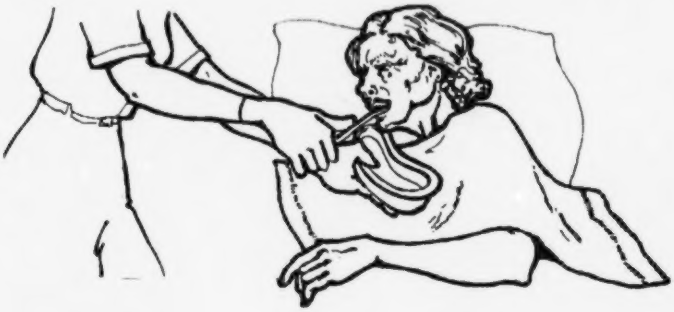
2. **AM Care** - Given in the early morning when the patient first awakens.

- Offer bedpan or urinal, or assist patient to bathroom.
  NOTE: Weigh patient if directed and record as directed.
- Wash patient's hands and face. Assist with oral hygiene.
- Clean overbed table.
- Straighten linens and comfortably position patient for breakfast.
- Offer fluids frequently.



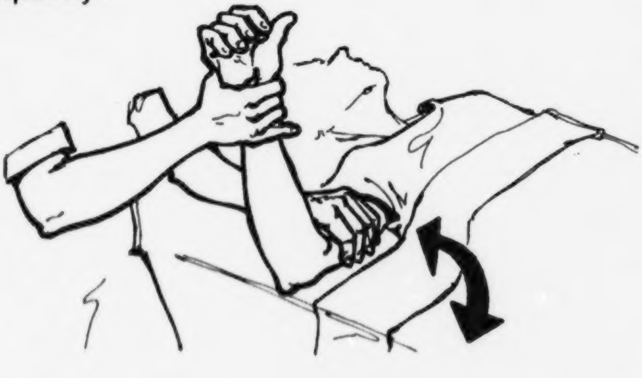
3. **Morning Care** - After Breakfast

- Offer bedpan or urinal, or assist patient to bathroom.
- Assist with or give oral hygiene.
- Shave or assist male patient with shaving.
- Assist patient with or give shower, tub bath, or bed bath.
- Give perineal care or catheter care if directed.
- Give skin care (backrub, decubitus care, etc.) if directed.
- Assist patient with dressing or gown change.
- Give nail care, hair care, and help female patient with make-up.
- Change linens.
- Make patient comfortable: place call signal, water, tissues, etc. within easy reach.
- Offer fluids frequently.



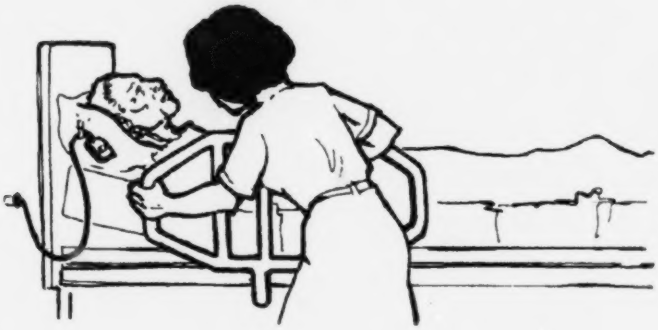
4. **Afternoon Care** - After Lunch

- Offer bedpan or urinal, or assist patient to bathroom.
- Assist with oral hygiene.
- Straighten the unit.
- Assist with activities/exercises.
- Offer fluids frequently.



5. **Evening Care** - After Dinner

- Offer bedpan or urinal, or assist patient to bathroom.
- Assist with or give oral hygiene.
- Wash patient's face and hands.
- Give patient a backrub if directed.
- Change and/or smooth sheets if necessary.
- Assist patient with undressing if necessary.
- Make patient comfortable.
- Position side rails as directed; place call signal within easy reach.
- Adjust night light as patient desires.
- Offer fluids frequently.



6. **Prepare for Meals**

- Assist patients to and from the dining room.
- Wash your hands prior to handling food trays.
- Clean and straighten overbed table, remove odor-producing articles from room, take care of any personal needs, comfortably position patient.
- Serve trays as quickly as possible to ensure that food is served at appropriate temperature.
- Place prepared food so patient can eat comfortably; feed patient if necessary.
- Encourage socialization during meal time.
- Observe patient closely while he/she is eating; report anything out of the ordinary; accurately record fluid intake if necessary.
- Remove overbed table and food tray; wash patient's face and hands and remove any food particles from bed linens and/or clothing.

As you can see, there is a lot to do when caring for health care patients. You will find yourself doing different tasks at times other than those listed here. The important thing to remember is to work for the comfort and safety of the patient.

Do Skill Sheets 1 and 2

Most Urgent Tasks
Skill Sheet 1

Directions: Read the situation below and follow the directions.

You arrive at the long-term care facility at 6:30 AM to begin your shift. Your charge nurse, Mrs. Woodward, gives you three patients to care for: Mrs. Pasco, Mrs. Hughes, and Mr. Murphy. Look at the list of tasks below. Check the three most urgent tasks.

____ Give oral hygiene to Mr. Murphy.
____ Change soiled, wet linen on Mrs. Pasco's bed.
____ Serve breakfast to each patient.
____ Assist Mr. Murphy to the bathroom.
____ Give Mrs. Hughes a tub bath.
____ Answer Mrs. Pasco's call signal.
____ Wash Mrs. Hughes' face and hands.
____ Shave Mr. Murphy.
____ Ambulate Mrs. Hughes using a gait belt.

Discuss your answers with the class.

Figuring Time
Skill Sheet 2

Directions: Read the following situation and add up the total time needed for each group of tasks. Place an "X" on the line by the correct group.

When you begin your shift at the long-term care facility at 7:00 AM, your charge nurse gives you the following groups of assignments. Beside each task is the amount of time it takes. If breakfast is at 8:00 AM, which group of tasks can you complete BEFORE breakfast?

____**Group 1**
10 minutes - Give oral hygiene to Mr. Murphy
15 minutes - Change soiled linen on Mrs. Pasco's bed
10 minutes - Wash Mrs. Hughes' face and hands
20 minutes - Assist Mr. Murphy to the bathroom
__________ **- Total Time**

____**Group 2**
10 minutes - Give oral hygiene to Mr. Murphy
10 minutes - Wash Mrs. Hughes' face and hands
25 minutes - Shave Mr. Murphy
30 minutes - Ambulate Mrs. Hughes
__________ **- Total Time**

____**Group 3**
10 minutes - Give oral hygiene to Mr. Murphy
15 minutes - Assist Mrs. Hughes with the bedpan
10 minutes - Give oral hygiene to Mrs. Pasco
35 minutes - Give Mrs. Hughes a tub bath
__________ **- Total Time**

Organizing Your Work

Written Evaluation

Match the terms in Column A with definitions in Column B.

Column A	**Column B**
____ 1. Procrastination	a. Mouth and teeth care for patients
____ 2. Priority	b. To keep putting things off
____ 3. Oral hygiene	c. Observing and visiting with patients
____ 4. Making rounds	d. Record of liquids received and expelled by a patient
____ 5. Intake/Output	e. Something which comes first or is the most important.

Match each of the four steps for organizing work in Column A with its correct definition in Column B.

Column A	**Column B**
____ 6. Gather information	a. Change your original work plan.
____ 7. Develop a plan	b. Do the task.
____ 8.Carry out the plan	c. Figure out how to get the task done.
____ 9.Revise the plan	d. Find out what must be done.

10. Check the three most important tasks.

____ Offer urinal/bedpan or assist patient to bathroom.
____ Change soiled linen.
____ Assist with oral hygiene.
____ Weigh or measure a patient.
____ Answer a patient's signal call.
____ Feed patient breakfast.
____ Give patient backrub.

11. Which of the following tasks would you not perform when preparing the patient for a meal?

    a. Clean and straighten overbed table
    b. Comfortably position patient
    c. Assist patient in washing hands
    d. Take patient's temperature

12. Which of the following care measures is usually done in the afternoon?

    a. Range of motion exercises
    b. Assisting with shaving
    c. Assisting with dressing
    d. Assisting with hair care

Being Sensitive to An Aging Patient's Needs

Unit Objective

After completing this unit, you should be able to understand the physical and emotional changes that occur during the aging process and be able to give support to geriatric patients.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms located in this unit to their definitions.

B. Identify five basic human needs.

C. Describe age-related changes.

D. Describe ways to help meet the needs of geriatric patients.

Introduction

The elderly make up the largest group of people in long-term care. Elderly generally refers to persons over 65 years of age. Each elderly patient should be treated with the same respect, consideration, and care that all patients receive.

Aging is a gradual process that starts taking place when we are born. Each person develops, matures, and ages at a different rate. One person at age 70 may feel "old" and "worn-out." Another person the same age may be as full of life and energy as you are. It is also not unusual to see some aged persons who are alert and active but who also have a condition related to aging that prevents them from functioning as they once did.

A. Terms

Age of later maturity (late adulthood) - begins at age 65 years old

Old age - refers to persons over 75 years old

Old-old age - refers to persons 85 years and over

Age-related changes - changes in a person's body or mind due to growing older

Aspiration - inhaling food or foreign objects

Geriatrics - care of the elderly

Incontinence - lack of control over urination or bowel movements

Activities of daily living (ADL) - daily care of your body including: personal hygiene, dressing, eating, and toileting

Physical needs - needs for things which are necessary for survival including: food, water, oxygen, rest, exercise, sex, and touch

Security needs - physical safety; feeling protected, having a job and shelter

Self-fulfillment needs - needing to achieve as much as possible and to reach your highest potential

Social needs - needing approval and acceptance

Status needs - needing to be recognized and respected

Diabetics - persons with the disease of diabetes

Voiding - urinating

B. Five Basic Needs

When a person, especially an elderly person, becomes ill and requires long-term care, there are many changes for him or her. As a health care assistant, you must help the patient to adjust to these changes in a very positive manner. In order to help, you must be aware of the five basic human needs of all individuals: physical needs, security needs, social needs, status needs, and self-fulfillment needs. You must be able to help patients to be able to fulfill these needs in a health care facility.

All individuals have the same basic needs that must be met for survival. These needs are arranged from lower level needs to higher level needs. The lower level needs must be met first.

Level 5 **Need to Reach Full Potential Ex. Satisfying use of time**

Level 4 **Need for Self-Esteem Ex. Receiving Respect**

Level 3 **Love & Belonging Needs Ex. Relationships with others**

Level 2 **Safety and Security Needs Ex. Health**

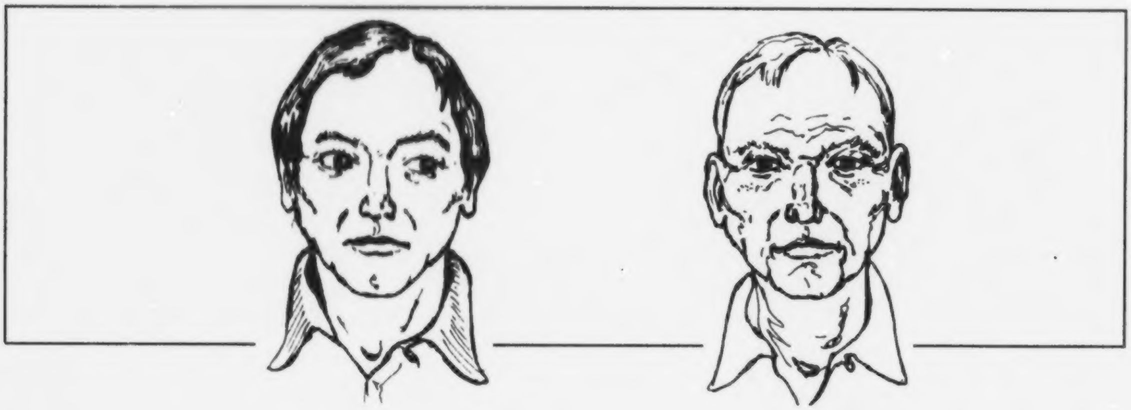
Level 1 **Needs of the Physical Body Ex. Food**

C & D. Adapting Care to Age-Related Changes

1. Skin Changes:
   - Skin loses elasticity, wrinkles, and becomes dry and itchy.
   - Blood vessels become fragile; skin bruises easily.
   - Nails become brittle.
   - Corns, bunions, carbuncles, and callouses form.

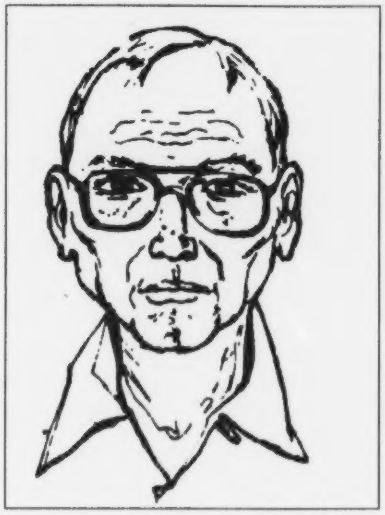
   Nursing Procedures:
   - Pat skin gently to dry; do not rub it.
   - Encourage exercise to improve circulation.
   - Gently rub bony places on the body.
   - Keep skin clean and dry; apply lotion generously.
   - Soak feet when giving a bed bath.

CAUTION: Never give nail care to diabetics without specific instructions from your supervisor.



2. Vision Changes:

- Less ability to see causes less independence.
- Eyes take longer to adjust to light changes.



Nursing Procedures:

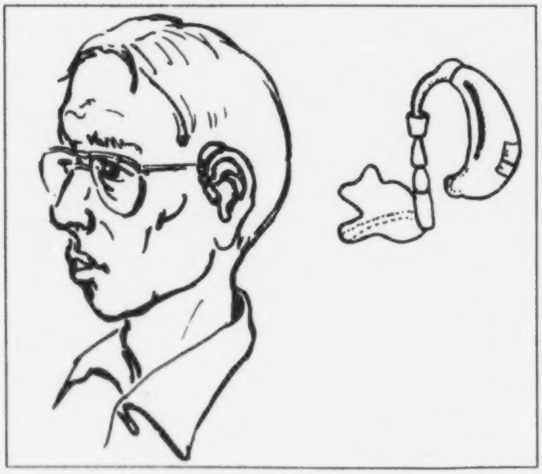
- Clean and care for eyeglasses.
- Provide good lighting and night light.
- Instruct patient on how to use handrails and ambulating devices in poor light.
- Keep living area in familiar order.

3. Hearing Changes:

- Patient is not able to follow conversations; this causes withdrawal.
- Patient loses ability to hear high tones.
- Loss of balance is common.

Nursing Procedures:

- Do not startle or approach patient from behind.
- Good light is necessary to get person's attention and for lip reading.
- If patient has one good ear, stand or sit on that side.
- Turn off TV or radio when talking.
- Do not use hair spray on patients who are wearing a hearing aid
- Speak in normal tone of voice. Do not shout. Speak slowly, distinctly and clearly while facing the patient.
- Care for hearing aid devices. Hearing aid amplifies sound.
- Communicate by writing if necessary.
- Encourage participation in activities.

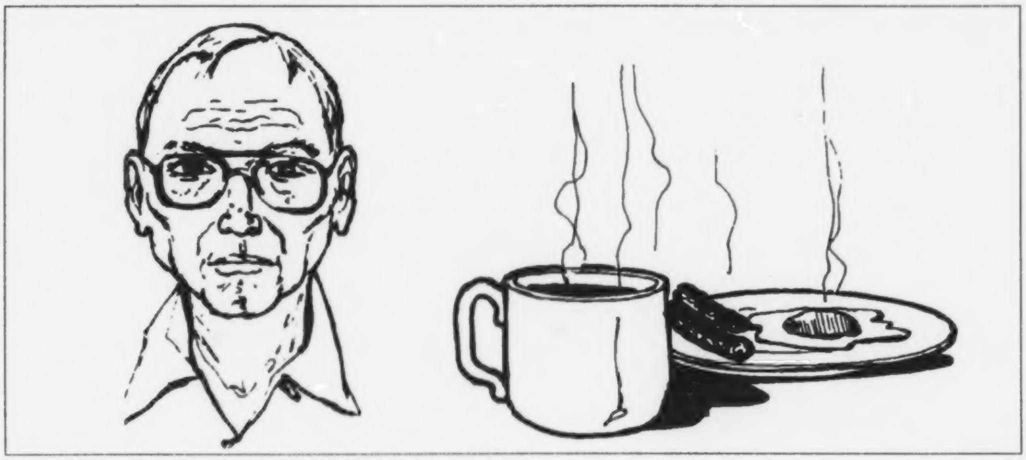


4. Voice Changes:
   - Voice loses strength (usually slower and quieter).

   Nursing Procedures:
   - Eliminate background noise whenever possible.
   - Show interest in what the patient says.
   - Always answer patients whenever they speak to you.

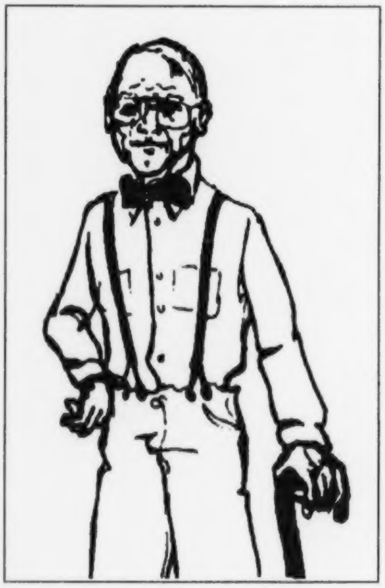
5. Taste and Smell Changes:
   - Patient loses ability to taste and/or smell.
   - Patient loses appetite.
   - Gag reflex is less active.

   Nursing Procedures:
   - Make food taste and look as appetizing as possible.
   - Encourage fluid intake.
   - Make mealtime a pleasant event. (Have family members visit for a meal if possible.)
   - Watch for signs of aspiration.



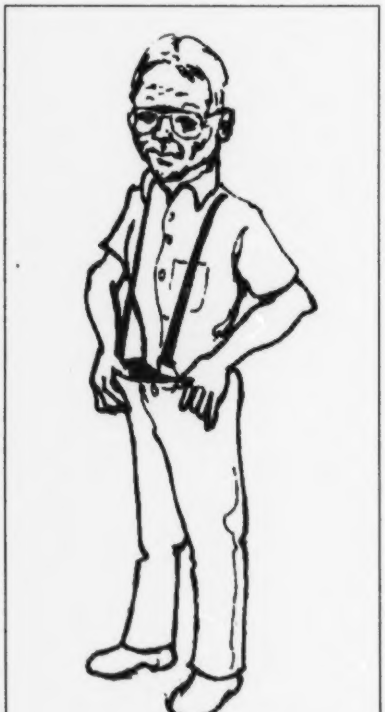
6. Mobility and Ambulation Changes:
   - Patient has less endurance.
   - Joints get stiff, making movement slower, uneven, and painful.
   - Patient loses agility and coordination.

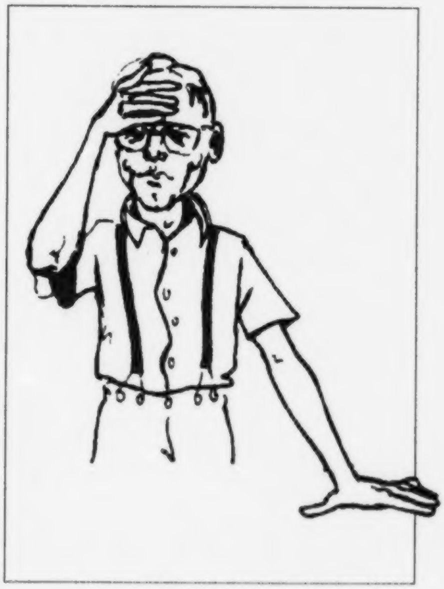
   Nursing Procedures:
   - Help patient become familiar with ambulating devices.
   - Encourage good posture.
   - Let patient rest frequently when ambulating.



7. Digestion System Changes:
   - Patient may have constipation.
   - Weight gains or losses are frequent.
   - Malnutrition is possible due to poor digestion.
   - Digestion process is slower.

   Nursing Procedures:
   - Encourage the patient to eat.
   - Encourage frequent fluid intake.
   - Give food supplements or snacks when directed.



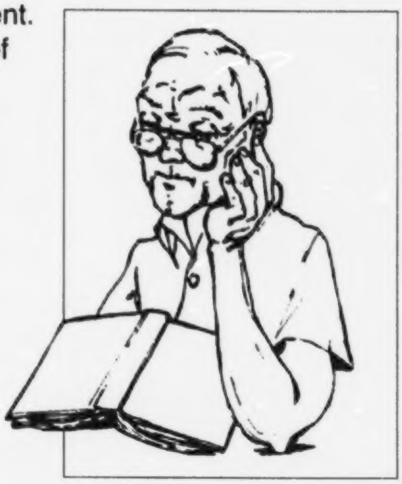


8. Heart and Blood Circulation Changes:
   - Oxygen is decreased to entire body.
   - Blood vessels lose their elasticity.
   - Poor circulation causes numbness in hands and feet.
   - Faintness, dizziness, weakness, and confusion occur.

   Nursing Procedures:
   - Encourage exercise as directed.
   - Allow frequent rest periods.
   - Position patient to prevent decubitus ulcers (pressure sores).
   - Keep feet, arms, and hands higher than the heart to prevent swelling.
   - Keep patient warm.
   - Guard against falls due to weakness or fainting.

9. Nervous System Changes:
   - Less brain function can cause possible memory lapses, irritability, verbal disturbances, dozing off, slower reflexes, or loss of balance.
   - Changes in environment may cause confusion.

   Nursing Procedures:
   - Use patience and a positive attitude with the patient.
   - Encourage patient to perform as many activities of daily living (ADL) as possible.
   - Repeat directions for activities as often as necessary.
   - Give patient time to react and accomplish tasks.
   - Establish a routine to avoid confusion.
   - Keep patient aware of daily events.
   - Provide a bright, cheery environment.



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10. Respiratory System Changes:

- Rib cage is less elastic (causes lungs to work less efficiently).
- Stooping posture decreases chest capacity.
- Coughs are less effective, which increases chance of infection.
- Fatigue is more common because of less oxygen supply.

Nursing Procedures:

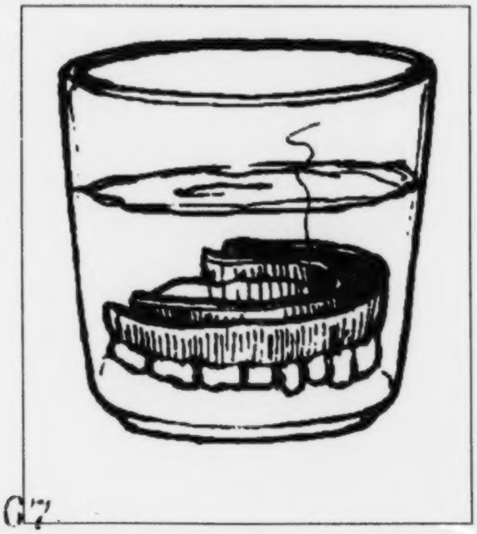
- Assist patient with exercises (especially breathing exercises).
- Discourage smoking.
- Encourage good posture to allow for proper chest expansion.
- Allow for frequent rests when doing activities.
- Encourage fluid intake.

11. Oral Changes:

- Loss of teeth and use of dentures are common.
- Gums may become irritated.
- Smaller amount of saliva and mucus is produced.

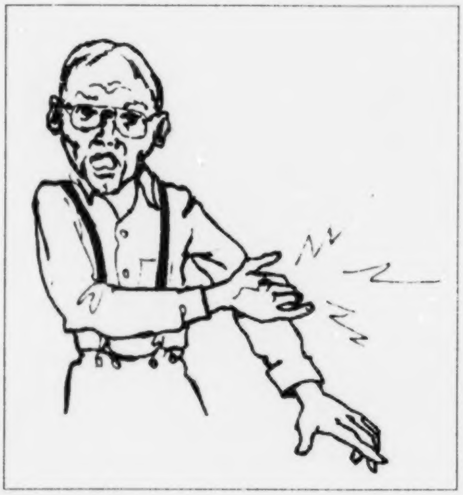
Nursing Procedures:

- Encourage fluid intake.
- Assist with good oral hygiene, denture care, and fit.
- Observe condition of mouth and gums.



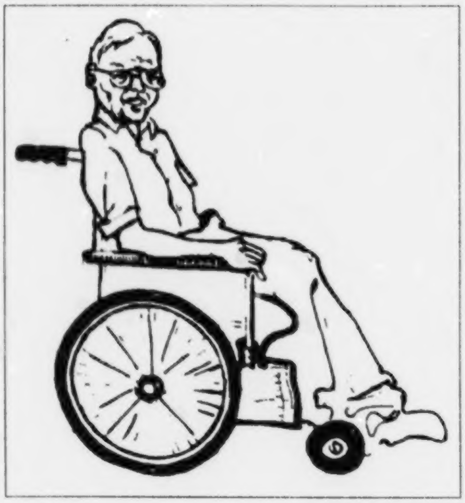
12. Muscular-Skeletal System Changes:
    - Muscles weaken and strain; bones break easily.
    - Joints become stiff and painful.
    - Posture changes.
    - Fatigue is common.

    Nursing Procedures:
    - Provide a safe environment. For example, use gait belts and handrails.
    - Encourage exercise with assistance and give support.
    - Allow adequate rest and relaxation.
    - Massage muscles to improve circulation.
    - Encourage patient to maintain good body alignment.



13. Urinary-Reproductive System Changes:
    - Patient may have urinary incontinence from less bladder control.
    - Males may have enlargement of prostate gland.
    - May have urinary frequency or urgency.

    Nursing Procedures:
    - Encourage adequate fluid intake.
    - Assist patient with bladder training.
    - Keep patient dry and clean.
    - Give proper catheter care when necessary.
    - Observe for frequency in voiding.



14. Emotional Changes:
- Patients experience feelings of being less loved, needed, or important.
- Patients experience less feeling of well-being (in body and mind).
- Fewer meaningful social relationships develop.
- Unfulfilled spiritual needs are common.
- Less independence is felt.

Nursing Procedures:
- Develop individual emotional care for each patient. Provide individual emotional support.
- Provide a comfortable environment.
- Keep patient involved in meaningful, stimulating, and enjoyable activities.
- Use good communication techniques, both verbal and non-verbal. Touch is very effective in communicating with older patients.
- Involve the patient's family if it creates a healthy situation.
- Let the patient make as many decisions as possible.

Remember, the emotional needs of the elderly are no different than those of anyone else. Losing family members, friends, pets, or familiar surroundings may cause problems. It is up to the health care assistant to encourage a positive attitude in the patient and to make the patient's time in the health care facility as positive and enjoyable as possible.

Do Skill Sheet 1

Being Sensitive to Patients' Needs
Skill Sheet 1

Directions: Read the situation below. Underline the activities that were used to change Mrs. Johnson's attitude and outlook.

When Mrs. Johnson was admitted to the long-term care facility, she was depressed and withdrawn. Her husband had died and she was unable to take care of herself. She spent most of the day in her room. As the days passed, other patients dropped by to visit with her and to play board games. The health care assistant persistently fed her three balanced meals a day and saw that she got her exercises daily. The health care assistant also got a hearing aid prescribed for Mrs. Johnson.

Two months later, Mrs. Johnson was a member of the activities committee and the welcoming committee for new patients. She could feed herself and was eager to help other patients with applying their make-up or doing their exercises.

Being Sensitive to Patients' Needs

Written Evaluation

Match each of the five basic human needs in Column A with its definition in Column B.

Column A	**Column B**
____ 1. Physical needs	a. Need to be recognized and respected
____ 2. Social needs	b. Feeling protected, physically safe
____ 3. Security needs	c. Need to achieve as much as possible
____ 4. Status needs	d. Need for approval and acceptance
____ 5. Self-fulfillment needs	e. Needs which are necessary for survival

Match the age-related changes in Column A with their correct nursing procedures in Column B.

Column A	**Column B**
____ ____ 6. Skin changes	a. Keep living area in familiar order
____ ____ 7. Vision changes	b. Pat skin gently to dry; do not rub it
____ ____ 8. Hearing changes	c. Provide adequate lights
____ ____ 9. Voice changes	d. Eliminate background noises if possible
	e. Keep skin clean and dry
	f. Speak clearly and slowly in a normal tone of voice.
	g. Encourage participation in activities to avoid withdrawal.
	h. Show interest in what the patient is saying.

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Match each of the age-related changes in Column A with its correct nursing procedure in Column B.

Column A

____ 10. Taste and smell changes

____ ____ 11. Mobility and ambulation changes

____ 12. Digestion system changes

____ ____ 13. Heart and blood circulation changes

Column B

a. Make the patient familiar with walker.

b. Make the taste and appearance of food as appetizing as possible.

c. Position the patient to prevent decubitus ulcers.

d. Let the patient rest frequently when ambulating.

e. Guard against falls due to weakness or fainting.

f. Encourage patient to eat.

Match the body system changes in Column A with their age-related changes in Column B.

Column A

____ ____ 14. Nervous system changes

____ ____ 15. Oral changes

____ ____ 16. Urinary-reproductive changes

____ ____ 17. Respiratory changes

____ ____ 18. Muscular-skeletal changes

Column B

a. Muscles weaken

b. Fatigue from diminished oxygen supply

c. Slowed reflexes and memory lapses

d. Urinary incontinence

e. Loss of teeth

f. Environmental changes may cause confusion

g. Lungs work less efficiently

h. Joints become stiff and painful

i. Irritated gums

j. Enlargement of prostate gland

19. Good nursing procedures for dealing with emotional changes in an elderly patient are:

a. Reporting to the charge nurse when arriving for your shift.
b. Making decisions for the patient to prevent stressful situations.
c. Using good communication techniques and encouraging meaningful, stimulating activities.
d. Yelling when talking to the patient so he or she can hear what you are saying.

Infection Control

Unit Objective

After completing this unit, you should be able to take steps necessary to prevent spreading infectious diseases.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms in this unit with their correct definitions.

B. Identify five areas in which germs are found.

C. Identify ways of transmitting germs.

D. Describe the term susceptible host.

E. List six ways the health care assistant can help prevent infection in the elderly.

F. Describe body substance precautions.

Introduction

Infections are caused by germs. Another name for germ is pathogenic microorganism. A germ is so small that it can only be seen with a microscope. Germs are everywhere.

Normally, our bodies have the ability to protect us from infection. If for any reason the body cannot resist the infection, we refer to the individual as a susceptible host.

Infection can be prevented and controlled by a system called Body Substance Precautions. The purpose of this system is to keep all moist body substances from the hands of health care workers. You, the health care assistant, are a key in the prevention of infection in patients.

A. Terms

Body substance precautions - a system of infection prevention and control

Moist body substances - blood, feces, urine, drainage from wounds, tissues, oral secretions, and other body fluids

Contaminated - the process by which an object or area becomes unclean

Germ - a common name for infection-causing microorganisms

Microorganism - a very small living thing that can only be seen with a microscope

Nonpathogenic - a microorganism that does not usually cause an infection

Pathogen - a microorganism that is harmful and capable of causing an infection

Pathogenic microorganism - a germ that causes infection and diseases

Pathogenic - causing disease

Immunity - response of the body to resist infection

Infection - invasion of the body by disease-producing pathogenic microorganisms

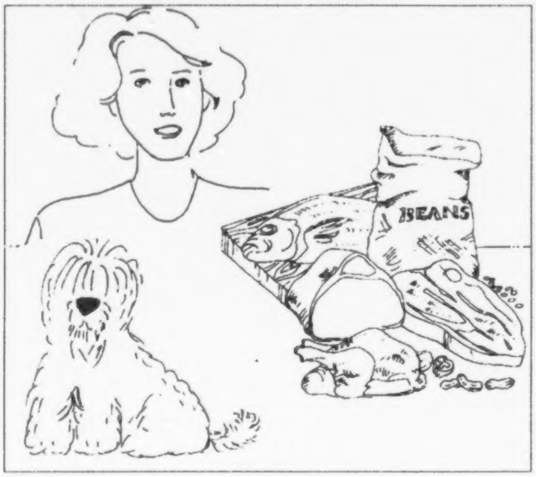
Resistance - ability to fight off a disease or infection

Host - the living organism on which germs live and grow; may be a human being or an animal

Susceptible host - a person with a low immunity or poor resistance to infection

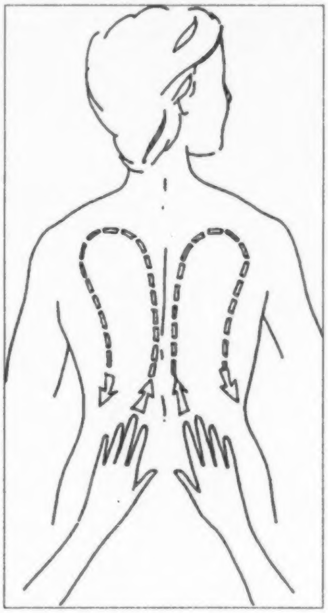
Transmitted - transfer or spread of germs

B. Germs are found everywhere.



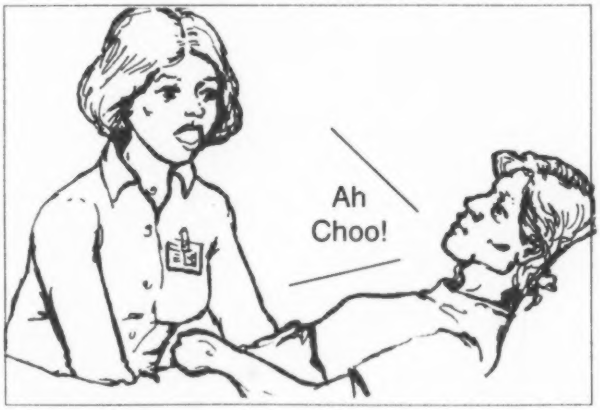
- In the food we eat
- In the water we drink
- On animals
- In animals
- On our bodies
- In our bodies
- On our clothing
- In the air we breathe
- In human and animal wastes

C. Germs are spread in many ways.



- By touching and bathing the patient

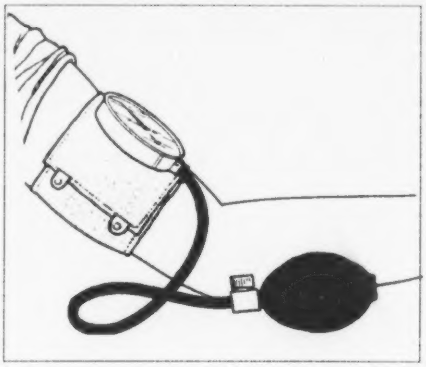
- By touching secretions, urine, and feces



- Coughing

- Sneezing

- Talking

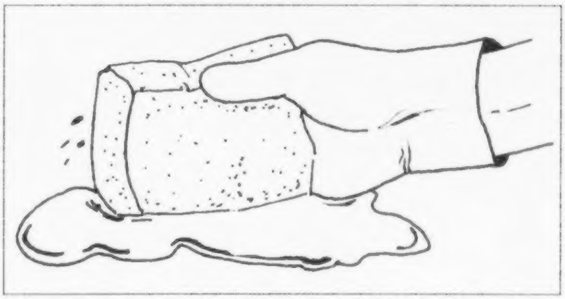


- By touching objects such as
  soiled linens, clothing, belongings,
  dishes, supplies, instruments,
  siderails or faucet handles

  - Dust particles

  - Moisture in the air

  - Contaminated water, blood, food, or drugs



D. Susceptible Host

- Germs must have a place where they can grow and multiply. They grow and multiply in human beings and animals who are referred to as the "hosts".

- Germs leave our bodies by the respiratory, urinary, reproductive, and gastrointestinal tracts, and through blood or breaks in the skin.

- Germs can be transmitted to another host by the same way in which they left the first host.

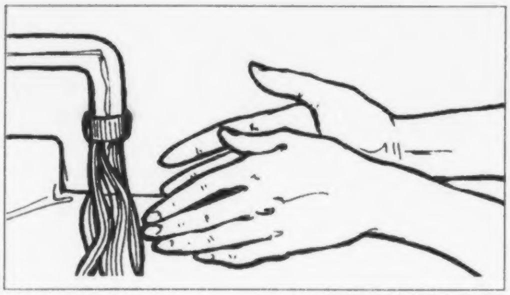
- If germs are to grow and multiply, the host must have a low immunity which makes it susceptible to the germ.

- Elderly people have a low immunity or poor resistance to infection due to aging changes. This makes them susceptible hosts to infection.

- Elderly people must be observed very closely for signs of disease or infection because symptoms may be masked (hidden) or missed due to other diseases they have. Also, medications being taken may mask the symptoms. An elevated temperature, which is an early sign of infection, may not be present if an elderly person is taking aspirin for another disease.

E. The health care assistant can assist in preventing disease or infection in the elderly by:

- Following handwashing and gloving procedures when giving care to patients.
- Encouraging good nutrition.
- Offering adequate fluids.
- Reporting any change in skin condition.
- Ambulating patients.
- Giving perineal and catheter care.



F. Body Substance Precautions

Body substance precautions are ways to prevent the spread of disease. This protects you, the patient, and your family.

Body substance precautions include handwashing and gloving when doing mouth care, perineal care, skin care, and handling any body substance.

Body substances include:
- Blood.
- Feces.
- Urine.
- Drainage from wounds.
- Tissue.
- Oral secretions.
- Other body secretions.

Key points in handwashing - handwashing is done:
- Before and after caring for the patient.
- Between each nursing task.
- After handling patient's belongings.
- Before putting on gloves.
- After removing gloves.

Key points in gloving technique:
- Change gloves before and after caring for the patient.
- Change gloves after contact with body substances and contaminated material.
- Never wash or disinfect examination gloves for reuse.
- Use rubber gloves for housekeeping or instrument cleaning only.
- Discard rubber gloves if they are cracked, discolored, peeling or have punctures or tears.

REMEMBER: You can help prevent the spread of infection by following proper handwashing and gloving techniques.

Do Skill Sheet 1

Identifying Sources of Infection
Skill Sheet 1

Directions: In the following situations, underline each item that would be a source of infection.

Situation 1:
Clara Johnson was admitted to the long-term care facility one week ago. You are assigned to give Mrs. Johnson's care today. When you enter her room, you find her suitcase pushed back under the bed, the bedpan sitting on her overbed table, and a dish of half-eaten pudding in the bedside stand.

Situation 2:
You have been assigned to give care to James Brooks today. Mr. Brooks is able to take care of most of his personal needs. When you come to take Mr. Brooks' blood pressure, you notice that his room is messy. His snack tray is sitting on the window sill and the urinal is sitting on the bedside stand. He appears to be getting a cold and there are used facial tissues all over the overbed table and the floor by the bed.

Infection Control
Written Evaluation

Match the terms in Column A with the definitions in Column B.

Column A

____1. Microorganism

____2. Contaminated

____3. Susceptible host

____4. Resistance

____5. Transmitted

____6. Germ

Column B

a. A person with a low immunity or resistance to disease

b. Ability to fight off a disease or infection

c. Transfer or spread of germs

d. Process by which an area or object becomes unclean

e. A very small living thing which can be seen with a microscope

f. Invasion of the body by a disease-producing germ

g. Common name for infection-causing microorganisms

7. List five areas in which germs are found.

   a.
   b.
   c.
   d.
   e.

8. List five ways germs are spread.

   a.
   b.
   c.
   d.
   e.

9. An individual who has a low immunity and poor resistance to infection is called a(an):

   a. Pathogenic microorganism.
   b. Host.
   c. Susceptible host.
   d. Pathogen.

10. Special procedures developed to protect the health care assistant from infection when handling body discharge are called:

   a. Body substance precautions.
   b. Precautions for disposal.
   c. Admission directions.
   d. Waste disposal.

11. Body substances include:

   a. Water we drink.
   b. Blood, feces, and urine.
   c. Food we eat.
   d. Moisture in the air.

12. When wearing gloves, it is important to remember:

   a. To change gloves at the end of the shift only.
   b. To wash hands after removing gloves.
   c. To wash hands with the gloves on.
   d. There is no need to wash hands if you wear gloves.

13. When putting on and removing gloves, hands are washed:

   a. Before donning and after removing.
   b. With gloves on between patients.
   c. At the beginning and end of each shift only.
   d. It is not necessary to wash hands if you wear gloves.

Giving Perineal Care

Unit Objective

After completing this unit, you should be able to give perineal care.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms presented in this lesson to correct definitions.

B. List three purposes of perineal care.

C. List three times when perineal care should be given.

D. Give perineal care for male patient according to steps of procedure.

E. Give perineal care for female patient according to steps of procedure.

Introduction

Perineal care consists of cleaning the perineal area between a patient's legs. It provides cleanliness and comfort for the patient as well as helping to prevent irritation and infection.

A. Terms

Perineal area - area between the legs; pubic bone to the anus

Perineal care - cleaning the perineal area; sometimes called peri care

Labia - the outside fold of skin on either side of the female's vagina and urinary meatus

Vagina - the birth canal and the sex organ in females

Urinary meatus - opening from the urethera to the outside of the body

Anus - opening where stool or fecal matter is expelled

Penis - the external male organ for urination and sexual intercourse

Foreskin - loose fold of skin that covers the end of the penis

Scrotum - the pouch that contains the testes in males, located just below penis

Urethra - tubelike passageway leading from the bladder to the outside of the body through which urine passes

Catheter - a tube put into a body cavity, usually to withdraw fluid

Void - to urinate

Incontinent - lack of control over urination or bowel movements

Supine position - the back-lying position

B. Purposes of Perineal Care

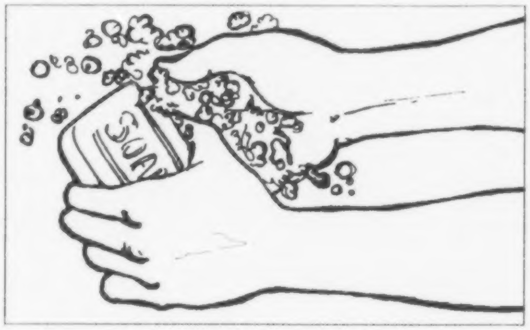
- Perineal care is given to patients to keep the perineal area clean.
- Routine perineal care helps keep the patient comfortable.
- Proper perineal care helps prevent irritation and infection.

C. When Should Perineal Care Be Given

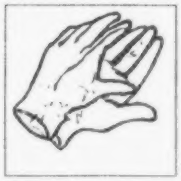
- Before catheter care
- During the bath procedure
- When patient has been incontinent
- When odor is present in the perineal area

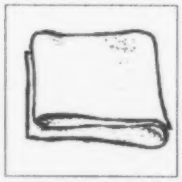
D. Steps of Procedure for Giving Perineal Care for the Male Patient

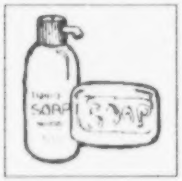
1. Wash your hands. Put on gloves.



2. Assemble necessary equipment and place on overbed table.


☐ Gloves


☐ Blanket



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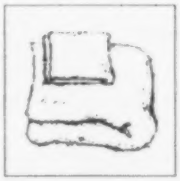
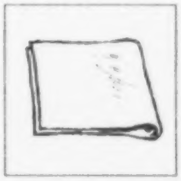
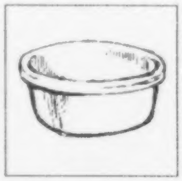
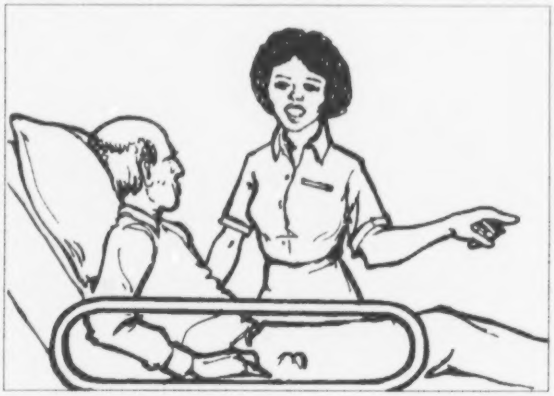

☐ Towel & Washcloth


☐ Bed Protector


☐ Wash Basin



3. Identify and greet patient. Identify self.

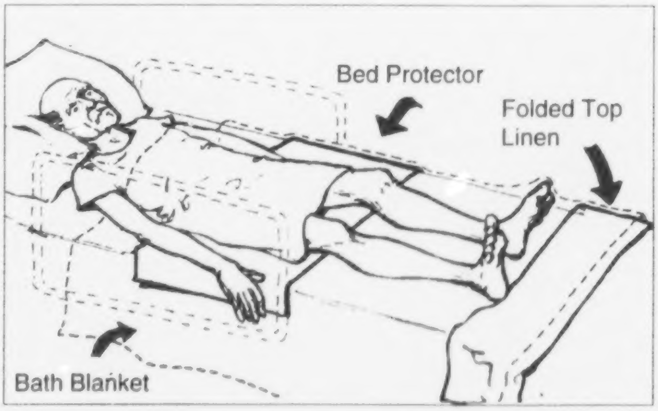
4. Explain to the patient what you are going to do.

5. Pull curtain to provide privacy.

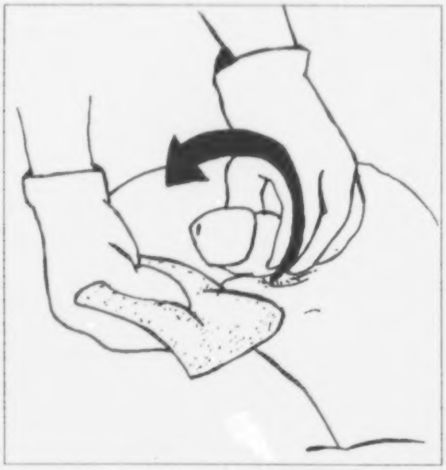
6. Assist patient in supine position; place bed protector under buttocks.

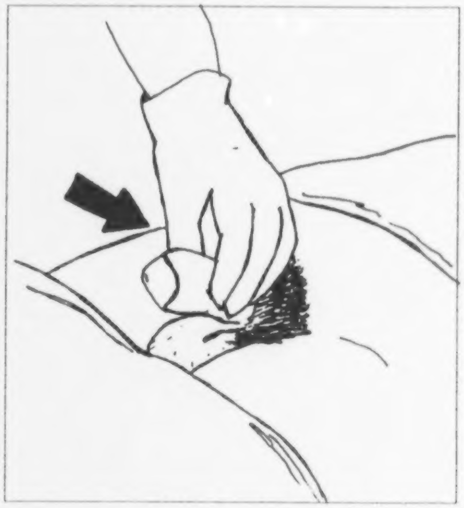
7. Fill basin with warm water.

8. Cover patient with bath blanket. Uncover perineal area.



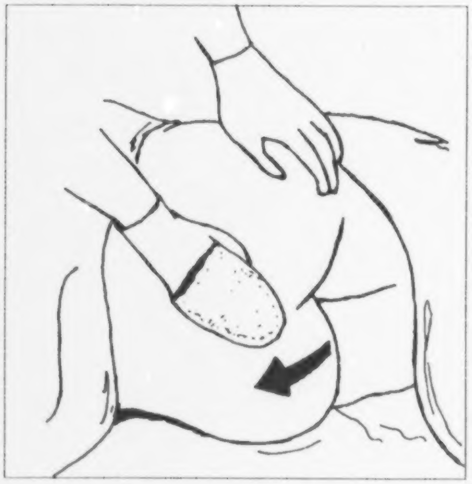
9. Using a circular motion, gently wash the penis by lifting it and cleaning from the tip downward. Rinse and dry.





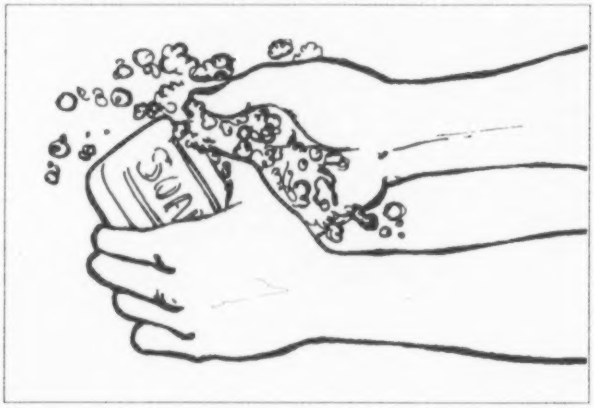
NOTE: If patient is uncircumcised, retract (pull back) the foreskin, wash, rinse, and dry; then pull skin over end of penis.

10. Wash and rinse the scrotum.
11. Wash and rinse other skin areas between the legs.



12. Wash and rinse the anal area.
13. Pat the peri area dry.
14. Apply powder under scrotum to prevent rubbing on skin (optional).
15. Cover patient with top linen. Remove disposable bed protector and bath blanket.
16. Place call signal within reach, if needed.

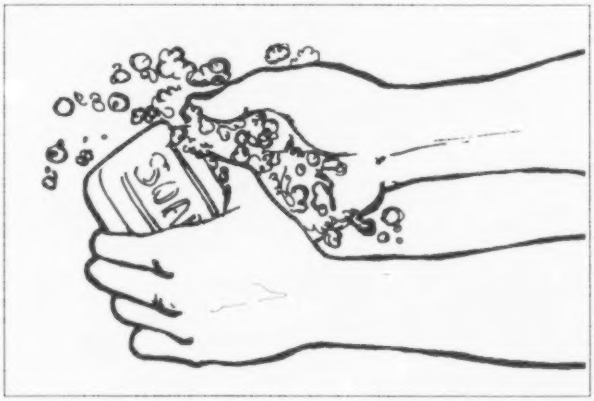
17. Remove, clean, and store equipment.
18. Remove gloves and dispose in appropriate container.
19. Wash hands.



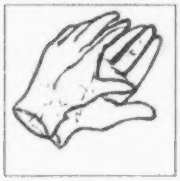
20. Make patient comfortable.
21. Report observations and anything unusual to your charge nurse.

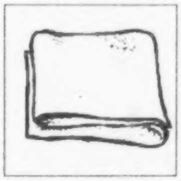
E. Steps of Procedure for Giving Perineal Care for the Female Patient

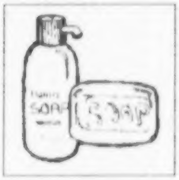
1. Wash your hands. Put on gloves.

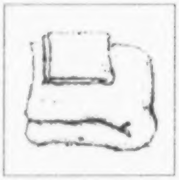


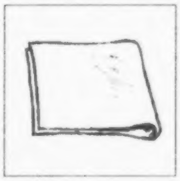
2. Assemble necessary equipment and place on overbed table.

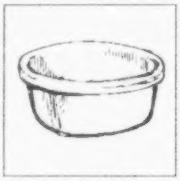

☐ Gloves


☐ Blanket


☐ Soap

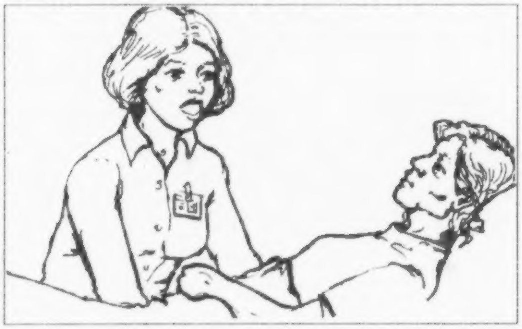

☐ Towel & Washcloth


☐ Bed Protector


☐ Wash Basin

3. Identify and greet patient. Identify self.

4. Explain to the patient what you are going to do.

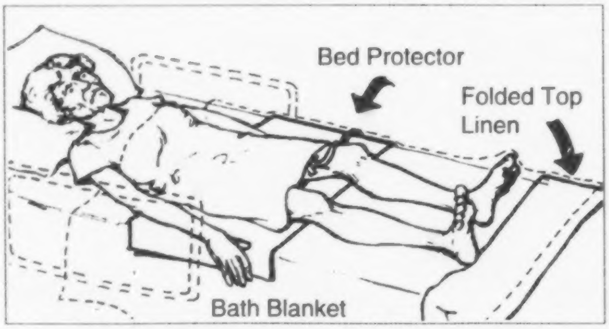


5. Pull curtain to provide privacy.

6. Assist patient to supine position; place bed protector under buttocks.

7. Fill basin with warm water.

8. Cover patient with bath blanket. Uncover peri area.

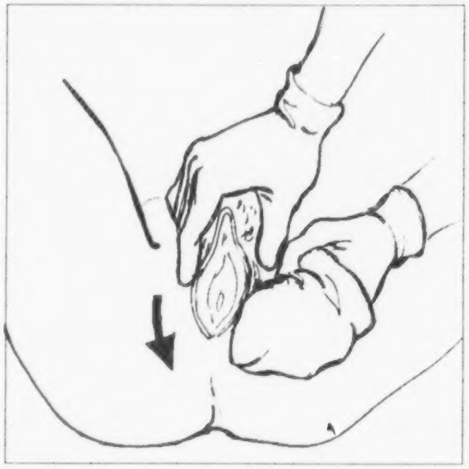


9. Gently wash the inner legs and outer peri area along the outside of the labia.

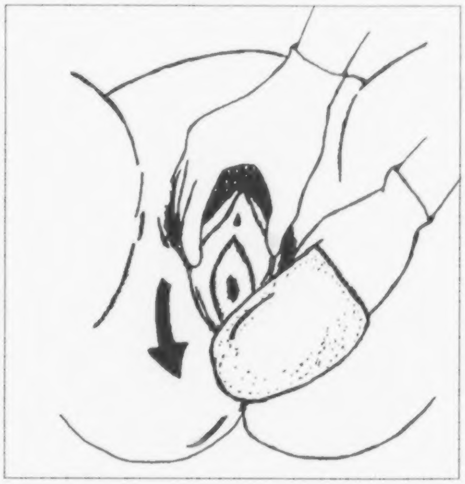
NOTE: Use a clean area of washcloth for each wipe.

10. Wash the outer skin folds from front to back.

11. Wash the inner labia from front to back.

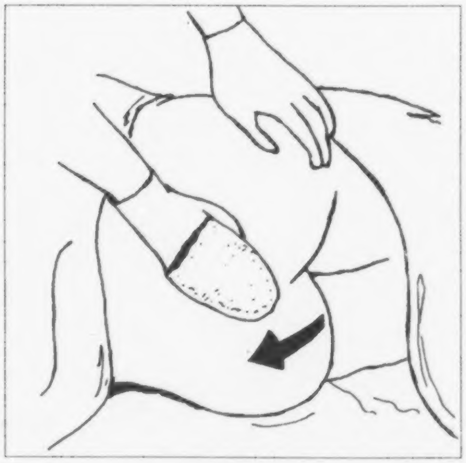


12. Gently open all skin folds and wash the inner area from front to back.



13. Rinse the area well, starting with innermost area and proceeding outward.

14. Wash and rinse the anal area.



89

15. Pat the peri area dry.

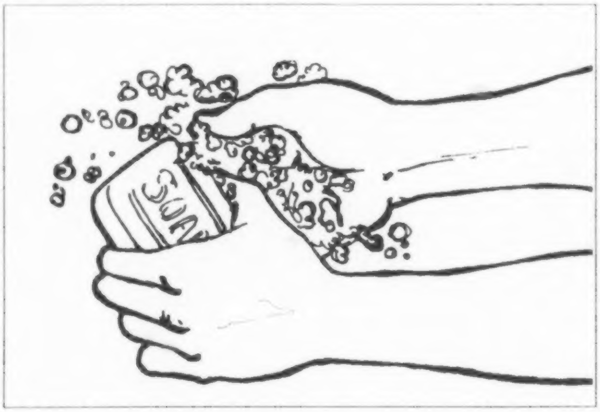
16. Apply powder lightly to outer peri area (optional).

17. Cover patient with top linen. Remove disposable bed protector and bath blanket.

18. Place call signal within reach.

19. Remove, clean, and store equipment.

20. Remove gloves and dispose in appropriate container.



21. Wash your hands.

22. Make the patient comfortable.

23. Record observations and report anything unusual to charge nurse.

Do Skill Sheet 1

Giving Perineal Care

Skill Sheet 1

Directions: Look at the following steps which must be taken to give perineal care. Put these steps in the order they should be done by putting number 1 through 10 in the blank space by the step.

____ Wash perineal area.
____ Report observations to your supervisor.
____ Put disposable bed protector under patient.
____ Cover patient with top linen, remove bed protector and bath blanket.
____ Assemble equipment.
____ Rinse perineal area.
____ Pull curtain.
____ Wash hands and put on gloves.
____ Empty, clean, and put away equipment; wash hands.
____ Cover patient with bath blanket.

Giving Perineal Care

Written Evaluation

Answer the questions below. Choose your answers from the statements below.

To clean the patient
During a bath
Before catheter care
To make the patient more comfortable
To prevent irritation and infection
When there is an odor in the perineal area
After decubitus care

1. What are three reasons why you should do perineal care?
   a.
   b.
   c.

2. When are three times that you should do perineal care?
   a.
   b.
   c.

Match the terms in Column A with their correct definitions in Column B.

Column A	**Column B**
____ 3. Incontinent	a. Area between legs; from pubic bone to the anus
____ 4. Urinary meatus	b. A tube put into a body cavity, usually to withdraw fluid
____ 5. Catheter	
____ 6. Perineal area	c. Lack of control over urination or bowel movements
____ 7. Foreskin	d. Opening from the urethera to the outside of the body in males and females
	e. The skin on either side of the female's vagina
	f. Loose fold of skin that covers the end of the penis

8. When giving perineal care, you should clean from the:

   a. Back to front
   b. Front to back
   c. Side to side
   d. Upward to side

Giving Perineal Care

Evaluation

____________________has successfully performed the following steps of procedure.
(Student)

Giving Perineal Care for the Male Patient		Yes	No	Comments
1.	Wash your hands. Put on gloves.			
2.	Assemble necessary equipment and place on overbed table.			
3.	Identify and greet patient. Identify self.			
4.	Explain to the patient what you are going to do.			
5.	Pull curtain to provide privacy.			
6.	Assist patient in supine position; place bed protector under buttocks.			
7.	Fill basin with warm water.			
8.	Cover patient with bath blanket. Uncover perineal area.			
9.	Using a circular motion, gently wash the penis by lifting it and cleaning from the tip downward. Rinse and dry. **NOTE:** If patient is uncircumcised, retract (pull back) the foreskin. wash, rinse, and dry; then pull skin over end of penis.			
10.	Wash and rinse the scrotum.			
11.	Wash and rinse other skin areas between the legs.			
12.	Wash and rinse the anal area.			
13.	Pat the peri area dry.			
14.	Apply powder under scrotum to prevent rubbing on skin (optional).			
15.	Cover patient with top linen. Remove disposable bed protector and bath blanket.			
16.	Place call signal within reach, if needed.			
17.	Remove, clean, and store equipment.			
18.	Remove gloves and dispose in appropriate container.			
19.	Wash hands.			
20.	Make patient comfortable.			
21.	Report observations and anything unusual to your charge nurse.			

Giving Perineal Care for the Female Patient		Yes	No	Comments
1.	Wash your hands. Put on gloves.			
2.	Assemble necessary equipment and place on overbed table.			
3.	Identify and greet patient. Identify self.			
4.	Explain to the patient what you are going to do.			
5.	Pull curtain to provide privacy.			
6.	Assist patient to supine position; place bed protector under buttocks.			
7.	Fill basin with warm water.			
8.	Cover patient with bath blanket. Uncover peri area.			
9.	Gently wash the inner legs and outer peri area along the outside of the labia. **NOTE:** Use a clean area of washcloth for each wipe.			
10.	Wash the outer skin folds from front to back.			
11.	Wash the inner labia from front to back.			
12.	Gently open all skin folds and wash the inner area from front to back.			
13.	Rinse the area well, starting with innermost area and proceeding outward.			
14.	Wash and rinse the anal area.			
15.	Pat the peri area dry.			
16.	Apply powder lightly to outer peri area (optional).			
17.	Cover patient with top linen. Remove disposable bed protector and bath blanket.			
18.	Place call signal within reach.			
19.	Remove, clean, and store equipment.			
20.	Remove gloves and dispose in appropriate container.			
21.	Wash your hands.			
22.	Make the patient comfortable.			
23.	Record observations and report anything unusual to charge nurse.			

Student's Signature/Date

Instructor's Signature/Date

Giving Peri Care with a Catheter

Unit Objective

After completing this unit, you should be able to give catheter care.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms with their correct definitions.

B. Identify rules to follow when giving catheter care.

C. Give peri care with catheter according to steps of procedure.

Introduction

The most common catheter you will see is the indwelling catheter. The indwelling catheter is a tube that is inserted through the patient's urethra into the bladder to allow the urine to drain. It is designed to stay in place within the bladder.

The catheter is taped to the patient's thigh. The catheter is attached to connecting tubing. The connecting tubing goes to a urine container attached to the lower part of the patient's bed frame. The catheter, tubing, and container are a closed system. If this closed system is opened, there is danger of infection.

A. Terms

Perineal area - area between the legs; pubic bone to the anus

Perineal care - cleaning the perineal area; sometimes called peri care

Labia - the outside fold of skin on either side of the female's vagina and urinary meatus

Vagina - the birth canal and the sex organ in females

Urinary meatus - opening from the urethera to the outside of the body

Anus - opening where stool or fecal matter is expelled

Penis - the external male organ for urination and sexual intercourse

Foreskin - loose fold of skin that covers the end of the penis

Scrotum - the pouch that contains the testes in males, located just below penis

Urethra - tubelike passageway leading from the bladder to the outside of the body through which urine passes

Catheter - a tube put into a body cavity, usually to withdraw fluid

Void - to urinate

Incontinent - lack of control over urination or bowel movements

Supine position - the back-lying position

Indwelling catheter - a tube inserted through a person's urethra into the bladder and left in place to allow for urinary drainage

Catheter care - care given to patients with a catheter; includes cleaning and observing the peri area and the catheter

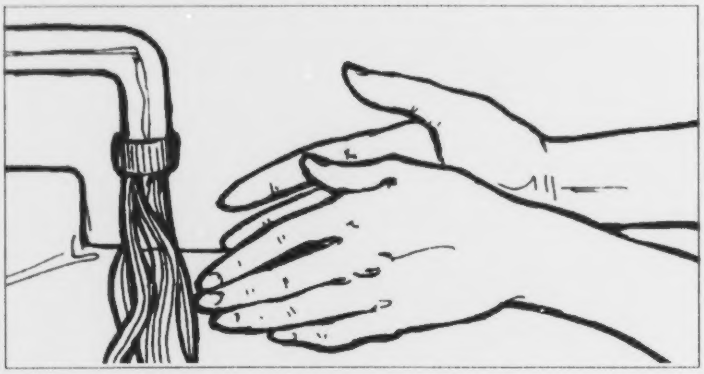
B. Rules to Follow When Giving Catheter Care:

- Clean the catheter from the meatus down the catheter at least four inches.
- Tubing should not have any kinks. Urine must run freely.
- Urine container must always be lower than the patient's bladder to allow down hill drainage from the patient to the container.
- The urine container is attached to the bed frame.
- Connecting tubing is coiled on the bed and pinned to the bottom linen.
- Tape the catheter to the patient's thigh.
- Perineal care is always given before catheter care.
- The urine container is emptied at the end of the shift or as directed by the charge nurse.
- Immediately report any complaint of burning, irritation, pain, or the need to urinate to the charge nurse.

Only a doctor or qualified nurse can insert or withdraw a catheter. The health care assistant is responsible for checking that the catheter is draining properly, keeping the perineal area clean, and at times recording output.

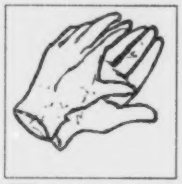
C. Steps of Procedure for Giving Peri Care with a Catheter

1. Wash hands.

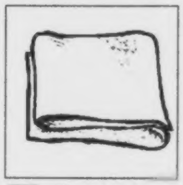


2. Put on gloves.

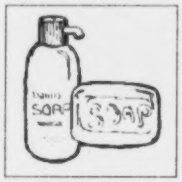
3. Assemble equipment and place it on overbed table.



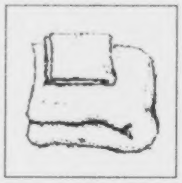
☐ Gloves



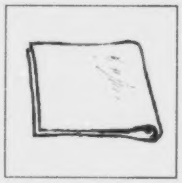
☐ Blanket



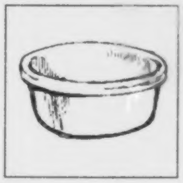
☐ Soap



☐ Towel & Washcloth



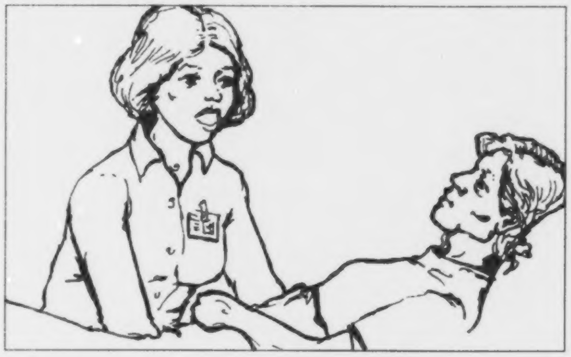
☐ Bed Protector



☐ Wash Basin

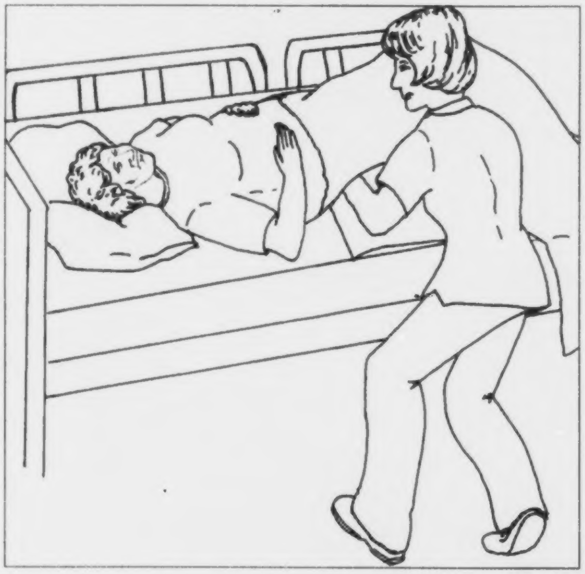
4. Identify and greet patient. Identify self.

5. Explain to patient what you are going to do.

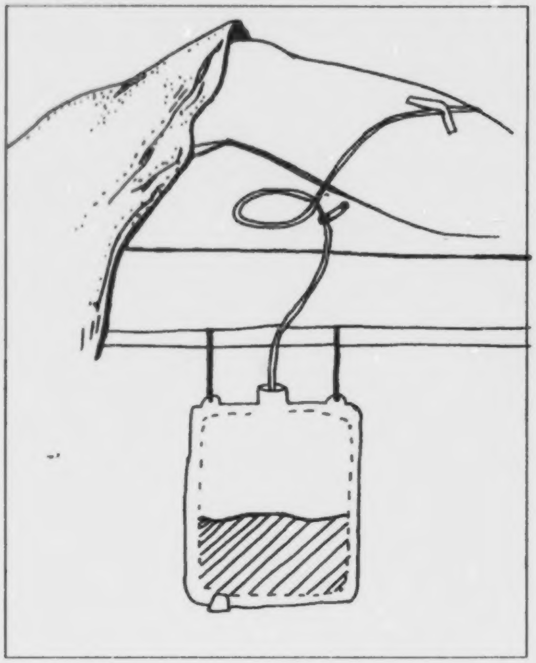


6. Pull curtain to provide privacy.

7. Place patient in supine position with legs apart. Place bed protector under buttocks.



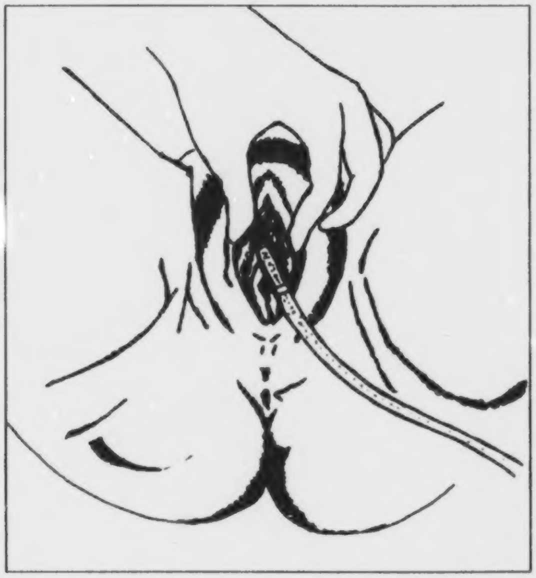
8. Cover patient with bath blanket. Remove or fanfold top linen to foot of bed.



9. Check catheter and drainage container for:

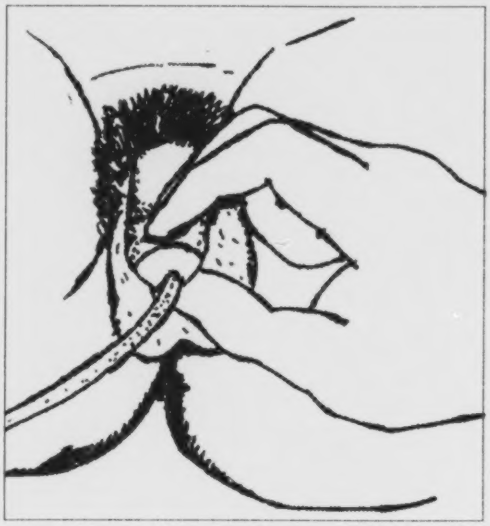
   - Leaks
   - Kinks
   - Placement of container
   - Color of urine
   - Secure attachment to bed frame

10. Fold bath blanket to uncover only the catheter and perineal area.



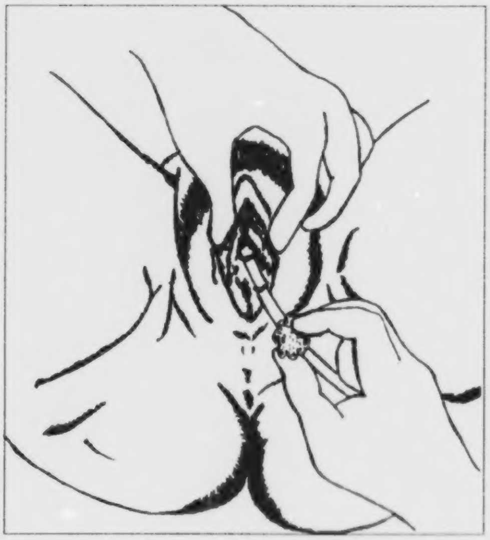
11. For female patient, gently separate the labia. Wash around the opening of the urethra with soap and water.

If the male has foreskin, gently pull it back and wash around the opening of the urethra with soap and water.



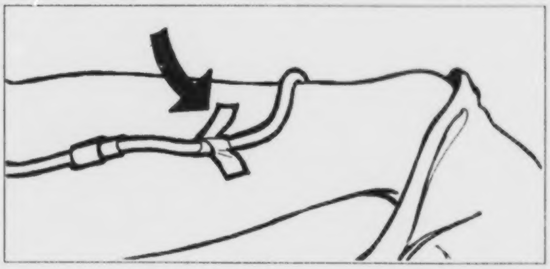
12. Wash the catheter from the opening of the urethra outward at least four inches.

CAUTION: Do not pull on catheter.



13. Using a **fresh washcloth**, wash and rinse peri area. Dry area.

14. Check tape to be sure tubing is in place.

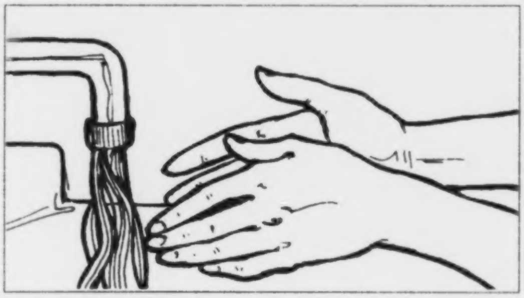


15. Cover patient with top linen. Remove bath blanket and bed protector. Place soiled linens in proper container.

16. Remove and clean equipment.

17. Remove gloves and dispose in appropriate container.

18. Wash hands.



19. Store equipment.

20. Make patient comfortable; place signal light within reach.

21. Record observations and report anything unusual to charge nurse.

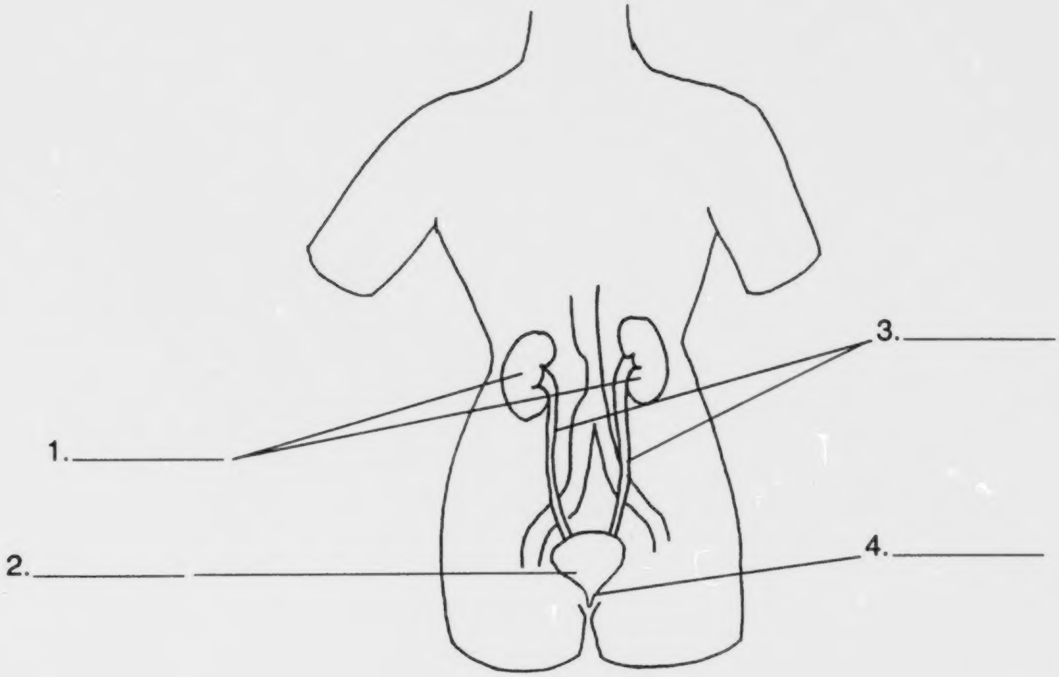
Do Skill Sheets 1 and 2

Identifying the Main Parts of the Urinary System

Skill Sheet 1

Directions: On the diagram below label the following:

- Right and left kidney
- Urinary bladder
- Right and left ureters
- Urethra



Determining the Number of Needed Supplies
Skill Sheet 2

Directions: Your assignment is to give peri care to four long-term care patients with catheters. For each patient, you will use one disposable bed protector, two washcloths, two bath towels, and one small bottle of cleaning solution.

How many of each of the following items will you need to get from the laundry room in order to care for the four patients assigned to you?

Write the number in the blank space beside each item.

____Disposable bed protector

____Washcloth

____Bath towel

____Cleaning solution

Giving Peri Care with a Catheter
Written Evaluation

Match terms in Column A with definitions in Column B.

Column A

____1. Foreskin

____ 2. Urinary meatus

____3. Supine position

____4. Urethera

____5. Catheter care

____6. Void

Column B

a. Includes cleaning and observing the peri area and the catheter

b. Loose fold of skin that covers the end of the penis

c. The back-lying position

d. To urinate

e. Tubelike passageway leading from the urinary bladder to the outside of a person's body

f. Opening of the urethra to the outside of the body

7. Your assigned patient has a catheter. You, the health care assistant, should do all of the following except:

   a. Check that urine is running freely.
   b. Check that there are no kinks in the tubing.
   c. Check that the urine container is attached to the side rails.
   d. Check that the connecting tubing is coiled on the bed and pinned to the bottom sheet.

8. Which one of the following statements is true concerning catheter care?

   a. A health care assistant may not insert a catheter into a patient.
   b. Perineal care should never be given before catheter care.
   c. The urinary drainage container should always be higher than the urinary bladder.
   d. The connecting tubing is pinned to the top sheet.

9.When giving catheter care, the catheter is cleansed outward:

a. One inch.
b. Two inches.
c. Three inches.
d. Four inches.

Giving Peri Care with a Catheter

Evaluation

____________________has successfully performed the following steps of procedure.
(Student)

Giving Peri Care With a Catheter		Yes	No	Comments
1.	Wash your hands.			
2.	Put on gloves.			
3.	Assemble necessary equipment and place it on overbed table.			
4.	Identify and greet patient. Identify self.			
5.	Explain to patient what you are going to do.			
6.	Pull curtain to provide privacy.			
7.	Place patient in supine position with legs apart. Place bed protector under buttocks.			
8.	Cover patient with bath blanket. Remove or fanfold top linen to foot of bed.			
9.	Check catheter and drainage container for leaks, kinks, placement of container, color of urine, and secure attachment to bed frame			
10.	Fold bath blanket to uncover only the catheter and perineal area.			
11.	For female patient, gently separate the labia. Wash around the opening of the urethra with soap and water. If the male has foreskin, gently pull it back and wash around the opening of the urethra with soap and water.			
12.	Wash the catheter from the opening of the urethra outward at least four inches. **CAUTION:** Do not pull on catheter			
13.	Using a **fresh washcloth**, wash and rinse peri area. Dry area.			
14.	Check tape to be sure tubing is in place.			
15.	Cover patient with top linen. Remove bath blanket and bed protector. Place soiled linens in proper container.			
16.	Remove and clean equipment.			
17.	Remove gloves and dispose in appropriate container.			
18.	Wash hands.			

Giving Peri Care with a Catheter Cont.		Yes	No	Comments
19.	Store equipment.			
20.	Make patient comfortable; place signal light within reach.			
21.	Record observations and report anything unusual to charge nurse.			

Student's Signature/Date

Instructor's Signature/Date

Ambulating a Patient

Unit Objective

After completing this unit, you should be able to assist a patient in ambulation using assistive devices.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms presented in this unit to the correct definitions.

B. Follow proper safety rules when ambulating a patient.

C. Ambulate a patient using a gait belt.

D. Ambulate a patient using a walker.

E. Ambulate a patient using a cane.

Introduction

Muscles and bones do not function properly unless they are doing what they are supposed to do. Unfortunately, the longer a person stays in bed or remains inactive, the weaker that person becomes. A patient in a long-term care facility should be up and about as much as conditions allow unless the patient's doctor says otherwise. This ability to be up and about is called ambulation, walking or moving in an upright position.

In this unit, you will learn how to ambulate a patient using different assistive devices. You will also learn safety rules to observe while the patient is ambulating.

A. Terms

Ambulate - walk or move in an upright position either by one's self or with the aid of an assistive device

Assistive device - mechanical aid, such as a cane, for helping with ambulation

Cane - assistive device held in one hand to give support to a patient when ambulating

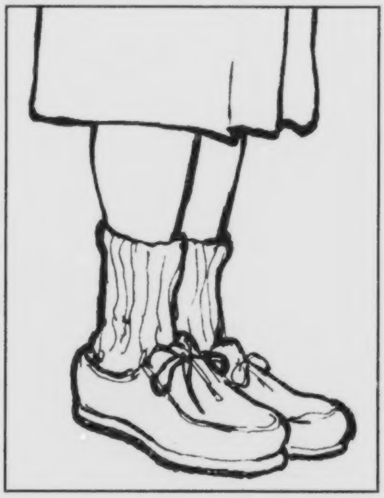
Gait belt - belt fitted around patient's waist to allow health care assistant to support the patient when ambulating

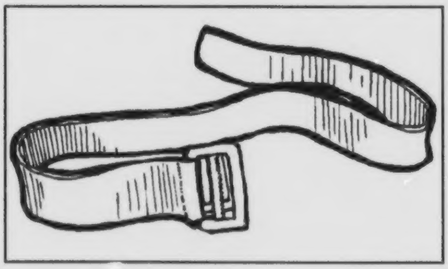
Walker - assistive device held with both hands by the patient to aid in ambulation

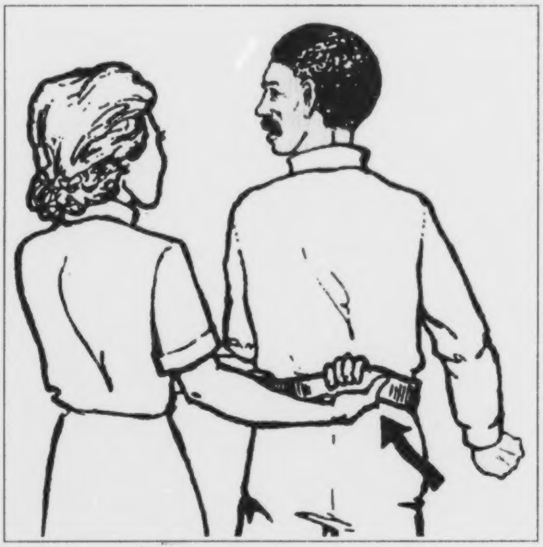
Body mechanics - using correct movement of the body in performing functions (e.g., transferring, lifting, moving) in a manner that does not add undue strain.

B. Safety Rules for Ambulating a Patient

1. Always apply basic body mechanics.
2. Check with charge nurse to see how much assistance the patient will need.
3. Ask for help if you need assistance in ambulating a patient.
4. Have patient properly dressed. Long robes can cause falls. Socks and nonskid shoes should be worn by the patient.
5. Communicate actively with the patient through words, gestures, and tone of voice. Reinforce directions while assisting the patient.
6. Use the same procedure and set-up with the patient each time so that you can establish a familiar routine.
7. Always use gait belt when a patient needs assistance with ambulation.







8. Always have control of the patient's shoulders and hips.

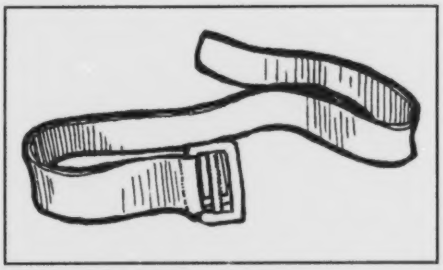
9. Walk at the patient's side so that the patient can use your arm for support.

10. If a patient has weakness on one side and is to bear partial or little weight on that side, walk on the patient's strong side.

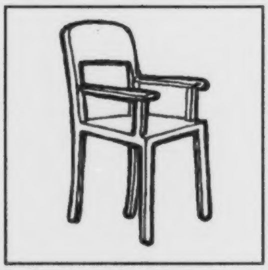
11. If a patient is to use the weak side, stand on the patient's weak side to assist the patient when weight is applied to that weak side.

C. Steps of Procedure for Ambulating Patient Using a Gait Belt

1. Assemble equipment.

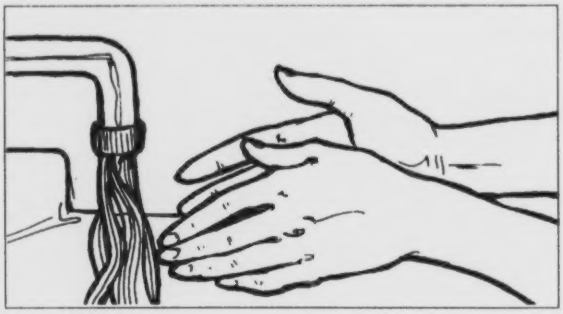


☐ Gait Belt

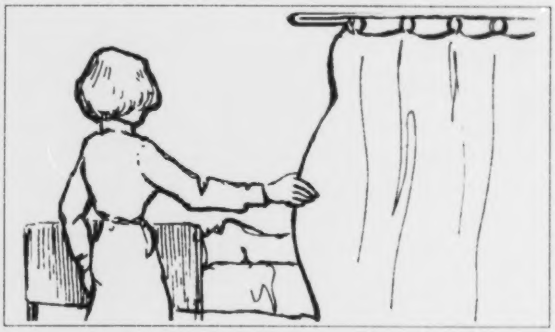


☐ Chair

2. Wash your hands.



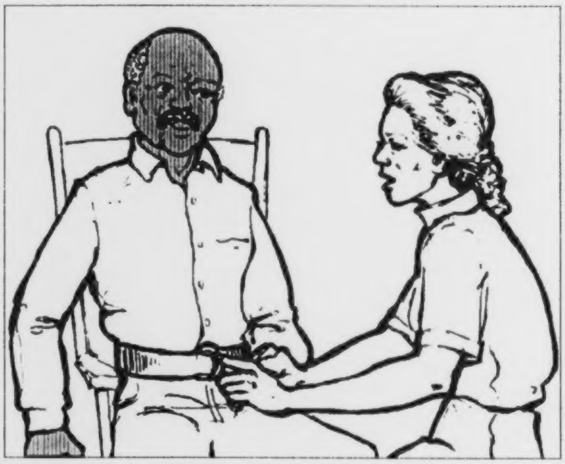
3. Identify and greet patient. Identify yourself.
4. Explain the ambulating procedure.
5. Pull curtain to provide privacy



6. Lower bed to lowest level.
7. Assist patient to sit on edge of bed.
8. Pause and allow patient to sit on edge of bed a few moments to regain balance.
9. Check to make sure patient is properly dressed.

NOTE: Remember to check if he is wearing socks and nonskid shoes.

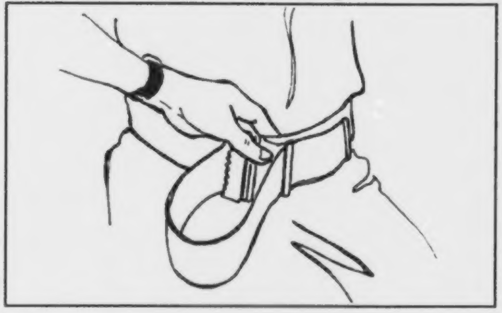
10. While patient is seated, attach gait belt securely around patient's waist over clothing.



NOTE: Gait belt should be comfortable for patient yet allow enough room for health care assistant to put palm of hand snugly between the belt and the patient.

CAUTION: Make sure that a woman's breasts are not caught under the belt.

11. Slip end of belt through toothed portion of clasp and then through metal buckle.



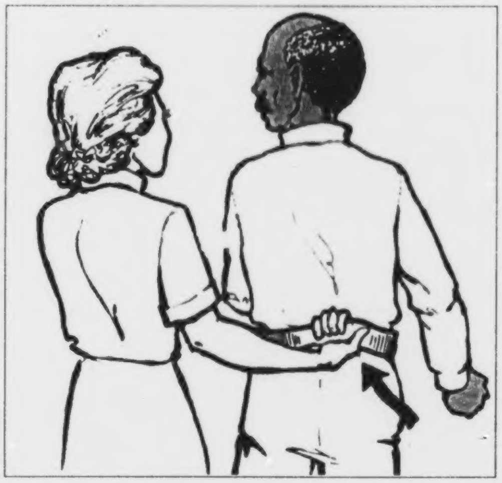
12. Stand in a position of good body mechanics.

13. Assist patient to standing position by straightening legs as you lift with gait belt and as patient pushes with hands on mattress.

14. Pause to allow patient to regain balance.

15. Place one hand under gait belt with thumb and fingers pointing up in the middle of the patient's back.

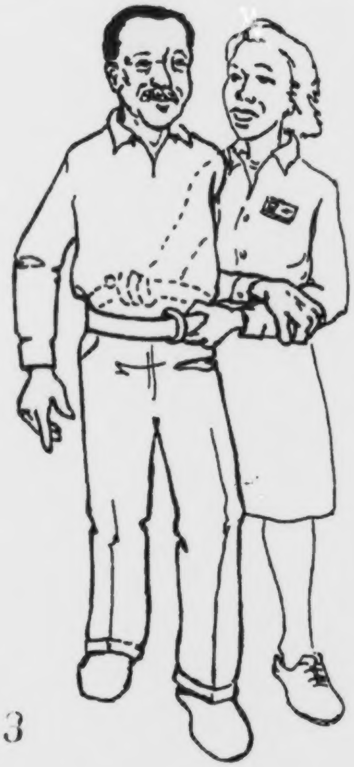
16. Support patient with your other arm in front of his waist.

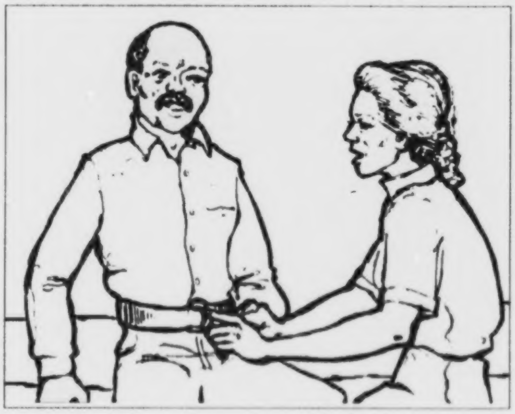


17. Walk by patient's side, slightly behind, and in step with patient. Both should step with left foot at the same time.

CAUTION: Keep chair close or arrange chairs so that you have a ready place for patient to sit if he tires quickly.

18. Walk patient the distance instructed by charge nurse.





19. Assist patient back to chair or bed when he begins to tire.

20. Remove gait belt and make patient comfortable.

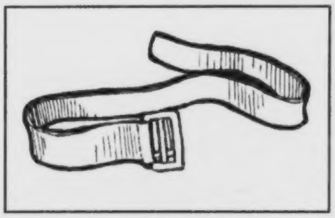
21. Return equipment.

22. Wash hands.

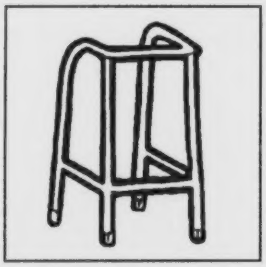
23. Record observations.

D. Steps of Procedure for Ambulating Patient Using a Walker

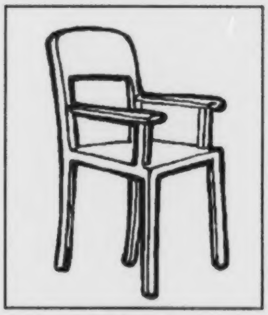
1. Assemble equipment.



☐ Gait Belt



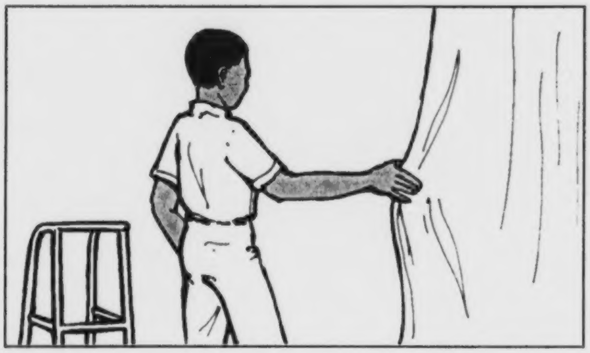
☐ Walker



☐ Chair

2. Wash your hands.

3. Identify and greet patient. Identify yourself.
4. Explain the ambulating procedure.
5. Pull curtain to provide privacy.



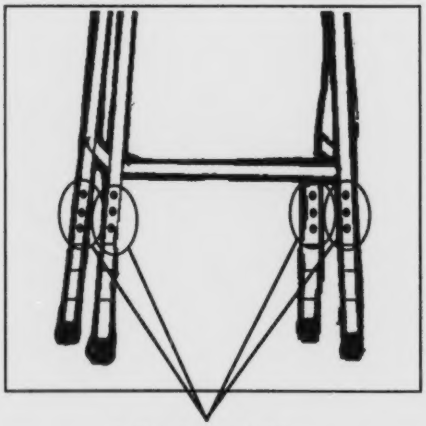
6. Lower bed to lowest level.
7. Assist patient to sit on edge of bed.
8. Pause and allow patient to sit on edge of bed a few moments to regain balance.
9. Check to make sure patient is properly dressed.

NOTE: Remember to check if she is wearing socks and nonskid shoes.

10. Select or adjust walker so the patient can stand straight with elbows slightly bent.

CAUTION: If adjustable walker is used, be sure adjustment sites are secured before using it.

NOTE: Check walker for worn areas or loose parts. Rubber tips and rubber hand grips should have tread and should not be cracked or worn.

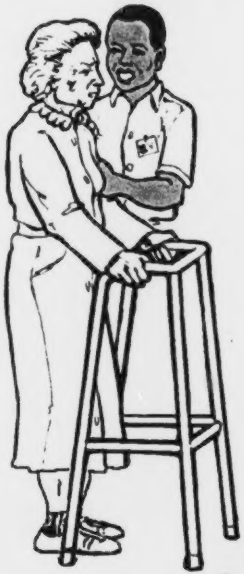


11. Place gait belt on patient.

12. Stand in a position of good body mechanics.

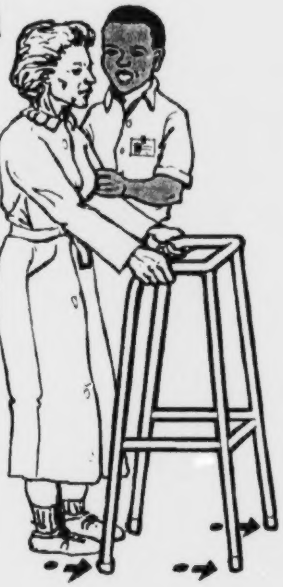
13. Assist patient to standing position.

14. Have her grasp the walker, and position body within the frame of the walker.

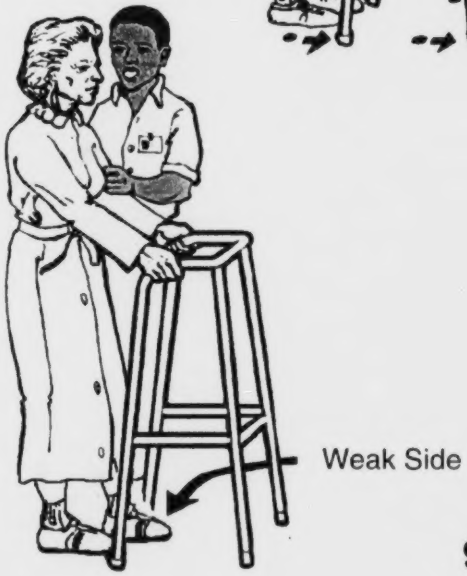


15. Instruct patient to lift walker and move it forward a short distance (about one step forward for the patient).

NOTE: You should be standing to one side of the patient and be close enough to support her if she starts to weaken or fall.



16. Instruct patient to take one step forward with her weakest leg or foot.



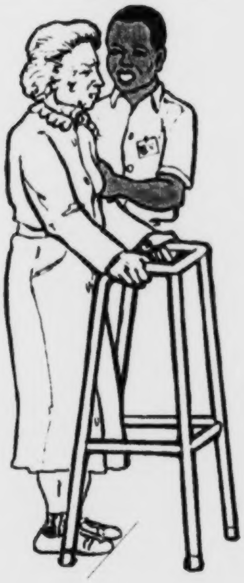
17. Have patient move other foot (strong foot) forward and even with leading foot.

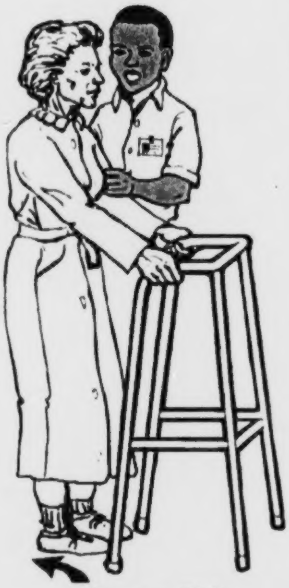
18. Instruct patient to repeat these movements until recommended distance is walked.

CAUTION: Keep chair close or arrange chairs so that you have a ready place for patient to sit should she tire quickly.

19. Help patient back to chair or bed. Hold the walker for support, if necessary, while patient is being seated.

20. With the patient's back to the chair or bed, have patient keep walker close to her body, then step back with strong leg or foot.

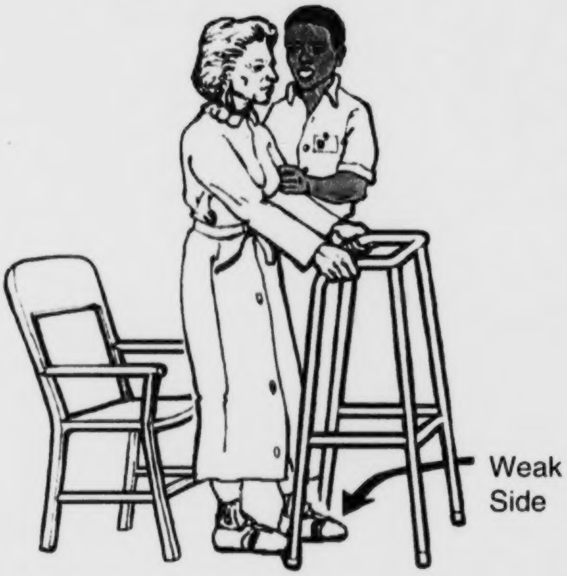




21. Instruct patient to step back with weak leg or foot.

22. Move walker back toward the chair or bed so that the patient can use it as support while lowering herself into the chair or bed.

23. Make patient comfortable. Place call signal within reach.



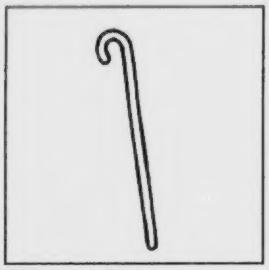
24. Return equipment.

25. Wash hands.

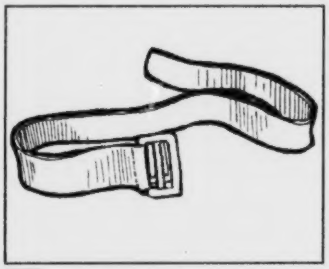
26. Record observations.

E. Steps of Procedure for Ambulating with a Cane

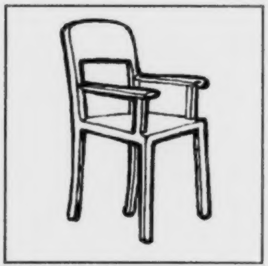
1. Assemble equipment.



☐ Cane

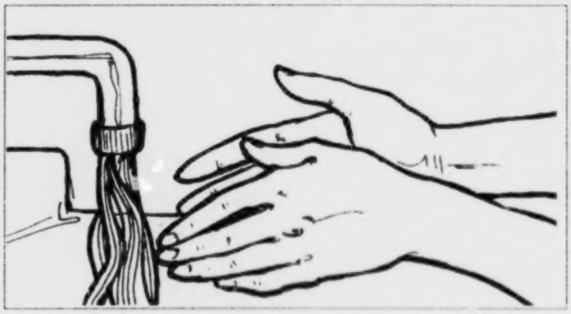


☐ Gait Belt



☐ Chair

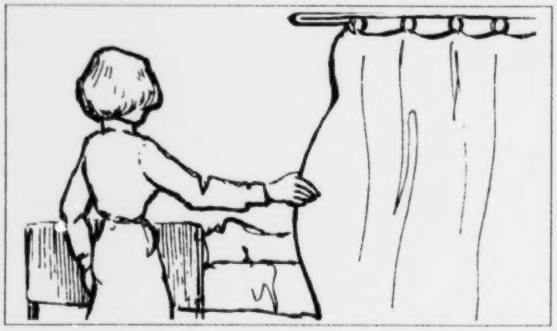
2. Wash your hands.



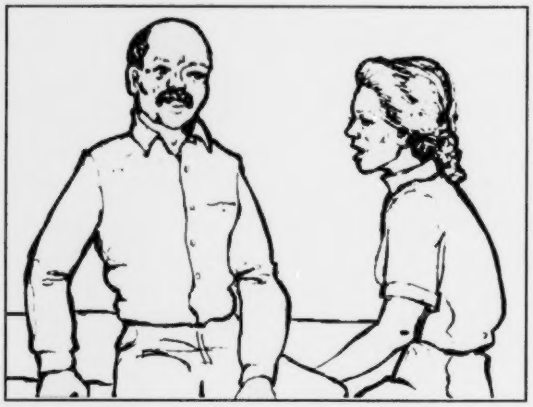
3. Identify and greet patient. Identify yourself.

4. Explain the ambulating procedure.

5. Pull curtain to provide privacy.



6. Lower bed to lowest level.
7. Assist patient to sit on edge of bed.
8. Pause and allow patient to sit on edge of bed a few moments to regain balance.
9. Check to make sure patient is properly dressed.

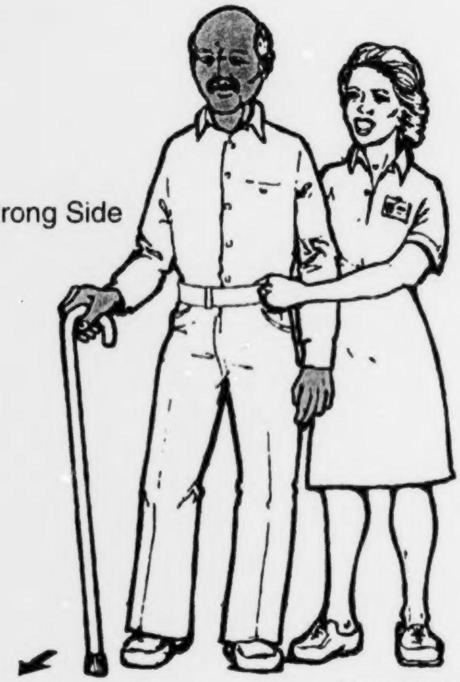


NOTE: Remember to check that he is wearing socks and nonskid shoes.

10. Place gait belt on patient.
11. Adjust cane so that the cane grip is level with the patient's hip.
12. Assist patient to standing position, if necessary.

CAUTION: If cane is adjustable, be sure adjustment is secure. Also, check that cane tip is not worn.

13. Instruct patient to take short steps and to keep head up and eyes looking forward.
14. Have patient hold cane on strong side.
15. Instruct patient to lean weight slightly to cane side.



Strong Side

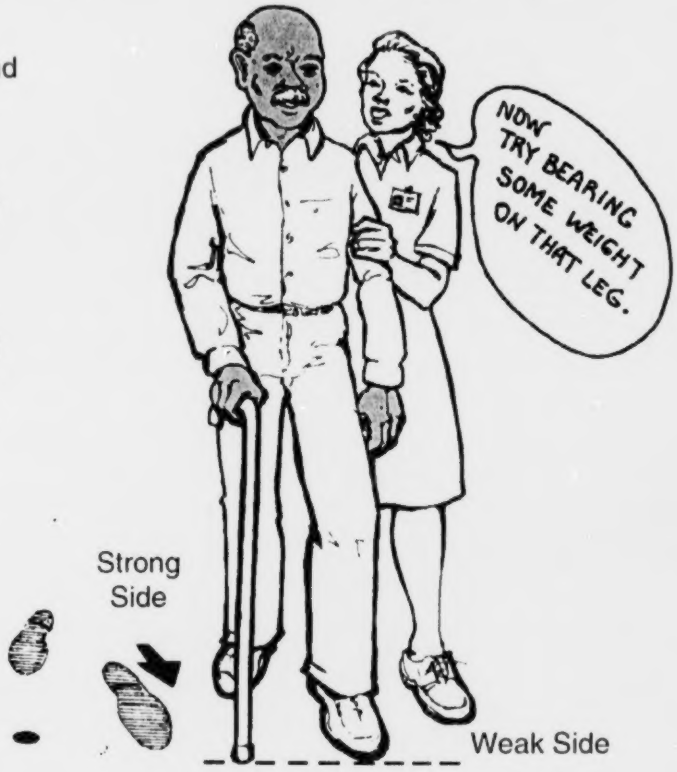
Hand in back and in front.

16. Have patient move cane forward and slightly to the side.

17. Instruct patient to move weak side forward and even with cane. (Body weight is supported by strong side and cane.)

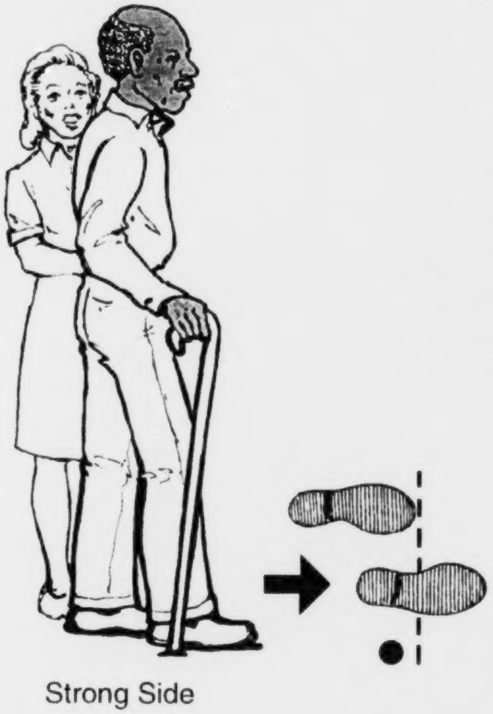
NOTE: You should be standing on weak side of patient and be close enough to support him if he starts to weaken or fall.

18. Encourage patient to put as much body weight on the weak side as is possible.


NOW TRY BEARING SOME WEIGHT ON THAT LEG.
Strong Side
Weak Side

19. Instruct patient to step forward a short distance in front of the cane with the strong leg.

20. Walk in the same pattern as the resident (both step with left foot at the same time).


Strong Side

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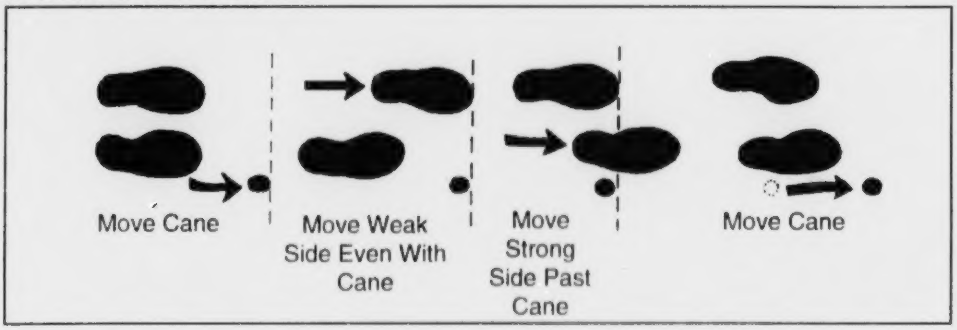
21. Repeat these movements until required distance has been walked.

NOTE: If patient is very weak or has difficulty keeping balance, have him step even with cane instead of in front of it.


Move Cane
Move Weak Side Even With Cane
Move Strong Side Past Cane
Move Cane

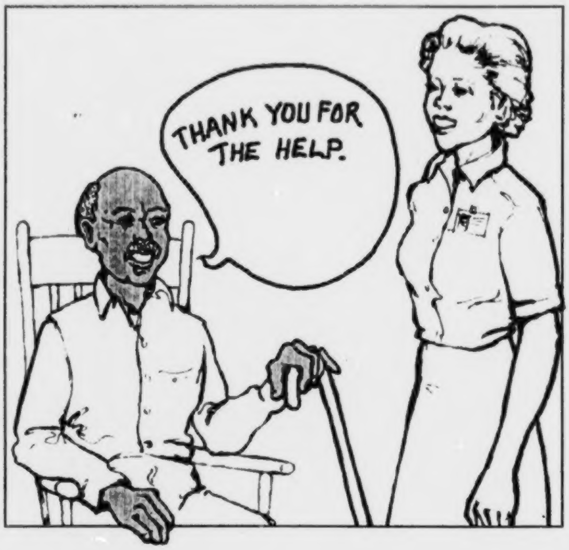
22. Have patient sit in chair or bed by using cane to support weight while lowering body.

23. Remove gait belt.

24. Make patient comfortable. Place call signal within reach.

25. Wash hands.

26. Record observations.


THANK YOU FOR THE HELP.

Do Skill Sheet 1

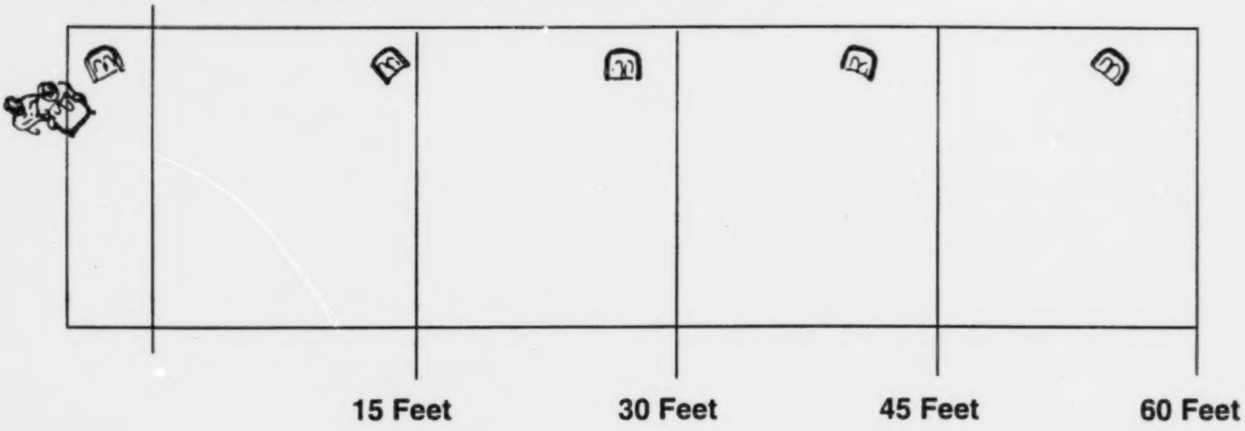
Figuring Distance to Ambulate a Patient

Skill Sheet 1

Directions: Read each of the statements below and answer the questions.

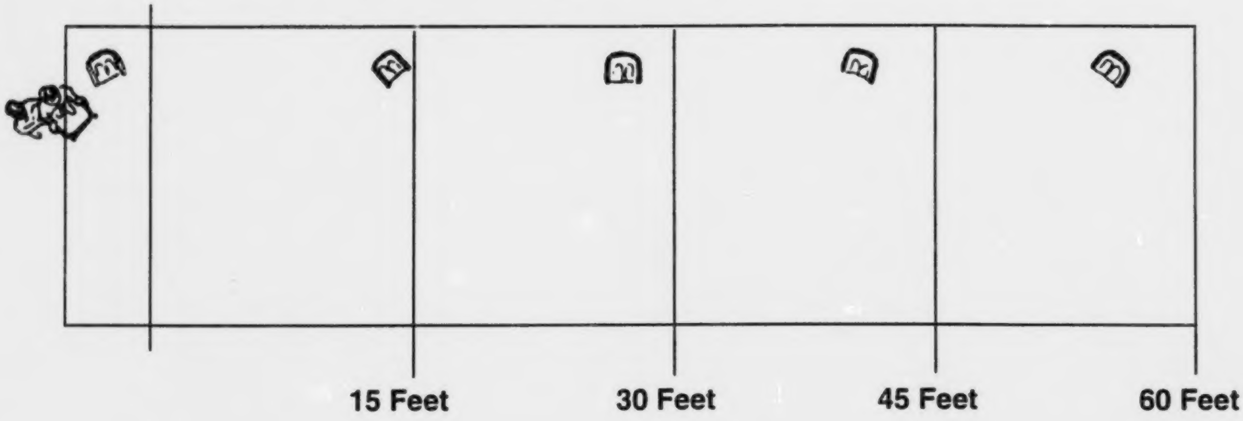
1. You are to help Mrs. Jacober to ambulate with her walker. Her doctor wants her to walk 30 feet only. If the hallway is 60 feet long, how far down the hallway and back should she walk to cover the 30 feet she is supposed to walk?

Put an X on the chart below where she should turn around.



2. How far down the hallway can Mr. Hughes walk with his cane before he has to turn back to walk the 60 feet he is supposed to walk?

Put an X on the chart below where he should turn around.



3. If a patient walks the entire 60-foot hallway and back, how far will that patient walk?

____ 30 feet ____ 60 feet ____ 120 feet ____ 160 feet

4. If a patient walks one-half the length of the hallway and back, how far will that patient walk?

____ 30 feet ____ 60 feet ____ 120 feet____ 160 feet

Ambulating a Patient
Written Evaluation

Match terms in Column A with definitions in Column B.

Column A

____1. Assistive device

____2. Gait belt

____3. Walker

____4. Ambulate

Column B

a. Assistive device held in one hand to give support to a patient when ambulating

b. To walk or move in an upright position either by one's self or with the aid of an assistive device

c. Belt fitted around patient's waist to allow the health care assistant to support the patient

d. Mechanical aid, such as a cane, for helping with ambulation

e. Assistive device held with both hands by the patient to aid in ambulation

5. If a patient has weakness on one side and is to bear partial or little weight on that side, the health care assistant would walk on the patient's __________________ side.

    a. Weak
    b. Strong
    c. Back
    d. Left

6. If a patient is to use the weak side, you stand on the patient's __________________ side.

    a. Weak
    b. Strong
    c. Back
    d. Left

7. When ambulating a patient, you should always have control of his/her shoulders and ____________________.

   a. Head
   b. Hands
   c. Feet
   d. Hips

8. Which of the following is not an assistive device?

   a. Gait belt
   b. Chair
   c. Cane
   d. Walker

Ambulating a Patient
Evaluation

______________________has successfully performed the following steps of procedure.
(Student)

Ambulating Patient Using a Gait Belt		Yes	No	Comments
1.	Assemble equipment.			
2.	Wash hands.			
3.	Identify and greet patient. Identify self.			
4.	Explain the ambulating procedure.			
5.	Pull curtain to provide privacy.			
6.	Lower bed to lowest level.			
7.	Assist patient to sit on edge of bed.			
8.	Pause and allow patient to sit on edge of bed a few moments to regain balance.			
9.	Check to make sure patient is properly dressed. **NOTE:** Remember to check if he is wearing socks and nonskid shoes.			
10.	While patient is seated, attach gait belt securely around patient's waist over clothing. **NOTE:** Gait belt should be comfortable for patient yet allow enough room for health care assistant to put palm of hand snugly between the belt and the patient. **CAUTION:** Make sure that a woman's breasts are not caught under the belt.			
11.	Slip end of belt through toothed portion of clasp and then through metal buckle.			
12.	Stand in position of good body mechanics.			
13.	Assist patient to standing position by straightening legs as you lift with gait belt and as patient pushes with hands on mattress.			
14.	Pause to allow patient to regain balance.			
15.	Place one hand under gait belt with thumb and fingers pointing up in the middle of the patient's back.			
16.	Support patient with your other arm in front of his waist.			

Ambulating Patient Using a Gait Belt Cont.		Yes	No	Comments
17.	Walk by patient's side, slightly behind, and in step with patient. Both should step with left foot at the same time. **CAUTION:** Keep chair close or arrange chairs so that you have a ready place for patient to sit if he tires quickly.			
18.	Walk patient the distance instructed by charge nurse.			
19.	Assist patient back to chair or bed when he begins to tire.			
20.	Remove gait belt and make patient comfortable.			
21.	Return equipment.			
22.	Wash hands.			
23.	Record observations.			
Ambulating Patient Using a Walker				
1.	Assemble equipment.			
2.	Wash your hands.			
3.	Identify and greet patient. Identify yourself.			
4.	Explain the ambulating procedure.			
5.	Pull curtain to provide privacy.			
6.	Lower bed to lowest level.			
7.	Assist patient to sit on edge of bed.			
8.	Pause and allow patient to sit on edge of bed a few moments to regain balance.			
9.	Check to make sure patient is properly dressed. **NOTE:** Remember to check if she is wearing socks and nonskid shoes.			
10.	Select or adjust walker so the patient can stand straight with elbows slightly bent. **CAUTION:** If adjustable walker is used, be sure adjustment sites are secured before using it. **NOTE:** Check walker for worn areas or loose parts. Rubber tips and rubber hand grips should have tread and should not be cracked or worn.			
11.	Place gait belt on patient.			

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Ambulating Patient Using a Walker Cont.		Yes	No	Comments
12.	Stand in a position of good body mechanics.			
13.	Assist patient to standing position.			
14.	Have her grasp the walker, and position body within the frame of the walker.			
15.	Instruct patient to lift walker and move it forward a short distance (about one step forward for the patient.) **NOTE:** You should be standing to one side of the patient and be close enough to support her if she starts to weaken or fall.			
16.	Instruct patient to take one step forward with her weakest leg or foot.			
17.	Have patient move other foot (strong foot) forward and even with leading foot.			
18.	Instruct patient to repeat these movements until recommended distance is walked. **CAUTION:** Keep chair close or arrange chairs so that you have a ready place for patient to sit should she tire quickly.			
19.	Help patient back to chair or bed. Hold the walker for support, if necessary, while patient is being seated.			
20.	With the patient's back to the chair or bed, have patient keep walker close to her body, then step back with strong leg or foot.			
21.	Instruct patient to step back with weak leg or foot.			
22.	Move walker back toward the chair or bed so that the patient can use it as support while lowering herself into the chair or bed.			
23.	Make patient comfortable. Place call signal within reach.			
24.	Return equipment.			
25.	Wash hands.			
26.	Record observations.			
Ambulating with a Cane				
1.	Assemble equipment.			
2.	Wash hands.			
3.	Identify and greet patient. Identify yourself.			
4.	Explain the ambulating procedure.			
5.	Pull curtain to provide privacy.			
6.	Lower bed to lowest level.			

Ambulating with a Cane Cont.		Yes	No	Comments
7.	Assist patient to sit on edge of bed.			
8.	Pause and allow patient to sit on edge of bed a few moments to regain balance.			
9.	Check to make sure patient is properly dressed. **NOTE:** Remember to check that he is wearing socks and nonskid shoes.			
10.	Place gait belt on patient.			
11.	Adjust cane so that the cane grip is level with patient's hip.			
12.	Assist patient to standing position, if necessary. **CAUTION:** If cane is adjustable, be sure adjustment is secure. Also, check that cane tip is not worn.			
13.	Instruct patient to take short steps and to keep head up and eyes looking forward.			
14.	Have patient hold cane on strong side.			
15.	Instruct patient to lean weight slightly to cane side.			
16.	Have patient move cane forward and slightly to the side.			
17.	Instruct patient to move weak side forward and even with cane. (Body weight is supported by strong side and cane.) **NOTE:** You should be standing on weak side of patient and be close enough to support him if he starts to weaken or fall.			
18.	Encourage patient to put as much body weight on the weak side as is possible.			
19.	Instruct patient to step forward a short distance in front of the cane with the strong leg.			
20.	Walk in the same pattern as the resident (both step with left foot at the same time).			
21.	Repeat these movements until required distance has been walked. **NOTE:** If patient is very weak or has difficulty keeping balance, have him step even with cane instead of in front of it.			
22.	Have patient sit in chair or bed by using cane to support weight while lowering body.			
23.	Remove gait belt.			
24.	Make patient comfortable. Place call signal within reach.			
25.	Wash hands.			
26.	Record observations.			

Student's Signature/Date

Instructor's Signature/Date

BEST COPY AVAILABLE

Giving Range of Motion Exercises

Unit Objective

After completing this unit, you should be able to understand the need for and be able to competently give range of motion (R.O.M.) exercises.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms in this unit with the correct definitions.

B. Identify principles of giving range of motion (R.O.M.) exercises.

C. Assist patient with R.O.M. exercises.

   1. Exercise neck.
   2. Exercise shoulder joints.
   3. Exercise elbow joints.
   4. Exercise wrist joints.
   5. Exercise thumbs and fingers.
   6. Exercise hip joints.
   7. Exercise knees.
   8. Exercise ankles.
   9. Exercise toes.

Introduction

Patients confined to bed cannot get the exercises they need. Therefore, the health care provider must help patients to exercise. This exercise is called Range of Motion (R.O.M.) exercise. Active R.O.M. occurs when the patient can do exercises alone. Passive R.O.M. occurs when someone, usually the health care assistant, helps the patient in doing the exercises.

Without R.O.M. exercises, a patient's muscles will form contractures and become useless. Also, circulation will become impaired, and the patient will become more uncomfortable. Because of this, range of motion exercises are a vital part of a patient's daily schedule.

A. Terms

Range of Motion (R.O.M.) exercise - moving muscles and joints to prevent contractures, to stimulate circulation, and to make patient more comfortable

Active R.O.M. - when the patient can do the exercises

Passive R.O.M. - when someone else must do exercises for the patient

Contractures - condition occurring when muscles shorten and draw up from lack of use

Bath blanket - used to cover patient while doing R.O.M. exercises

Circulation - flow of blood through the heart and blood vessels throughout the body

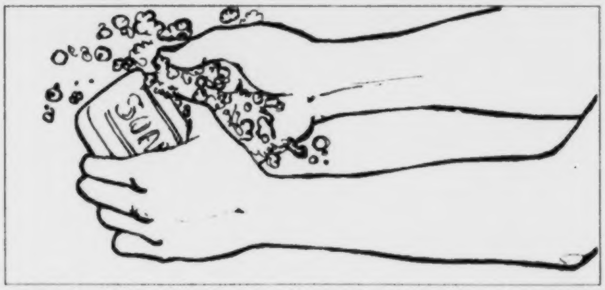
Resistance - force or movement in the opposite direction

B. Principles of Giving Range of Motion Exercises

- Stop the exercise if patient complains of pain or if you meet with resistance. Never force a joint.
- All movements should be made slowly and gently.
- Position the bath blanket so that only the body part being exercised is uncovered.
- Remove pillow and have patient lie flat unless otherwise instructed.
- While doing the exercises, talk to the patient. Explain what you are doing.

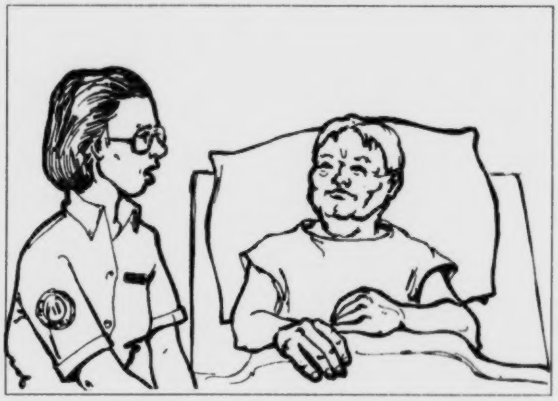
C. Steps of Procedure for Assisting Patient with R.O.M. Exercises

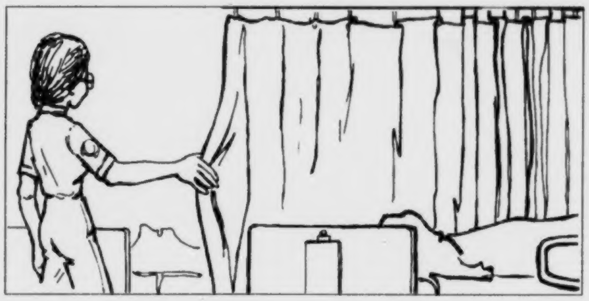
1. Wash hands.



2. Identify and greet patient. Identify self.
3. Explain that you are going to help exercise the patient's muscles. These exercises will already have been explained to the patient.

NOTE: Have patient do exercises on one side while you do exercises on the other, if patient is able.



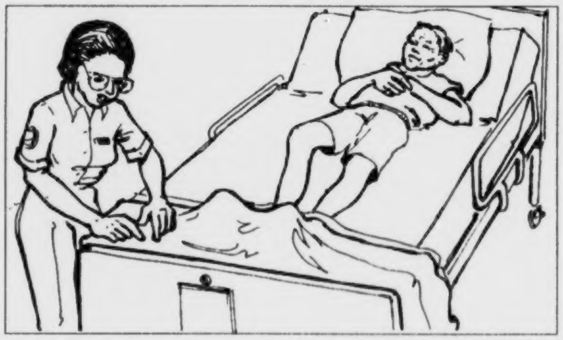


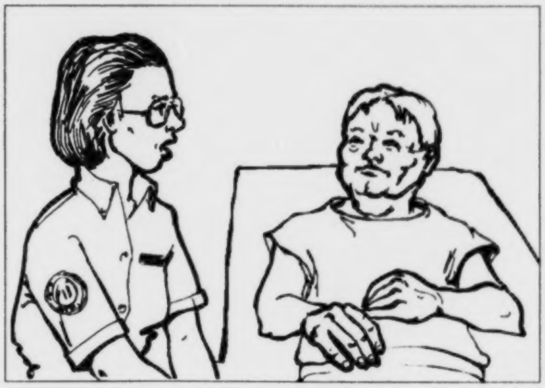
4. Pull curtain around patient to provide privacy. Make sure patient is wearing adequate clothing or cover patient with bath blanket.

5. Raise bed to a comfortable working height.

6. Fold top sheet and bedspread to foot of patient's bed.

NOTE: Talk to patient while you are making preparations. First time patients may be frightened if they don't understand what is happening.



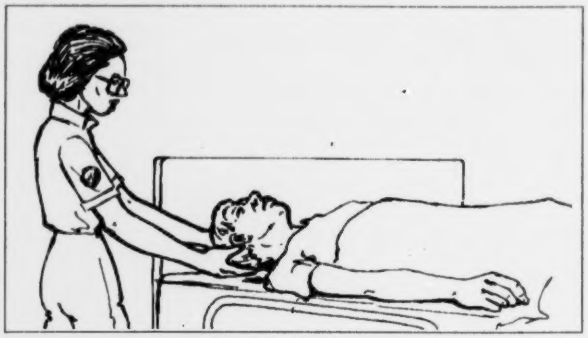


7. Remove pillow and assist patient to lie flat (supine position) unless otherwise instructed by supervisor.

NOTE: Repeat each exercise as directed by your supervisor or the care plan.

REMEMBER: Stop any exercise if patient complains of pain or if you meet with resistance.

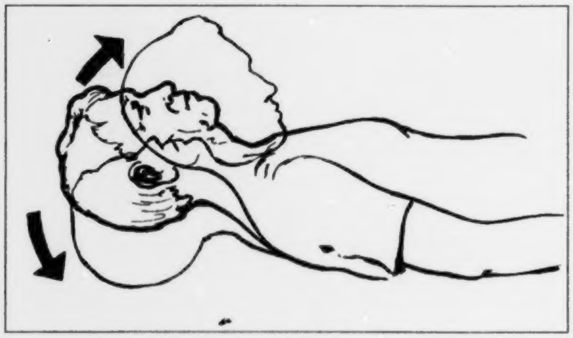
8. Exercise neck.
    a. Support patient's head with your hands.



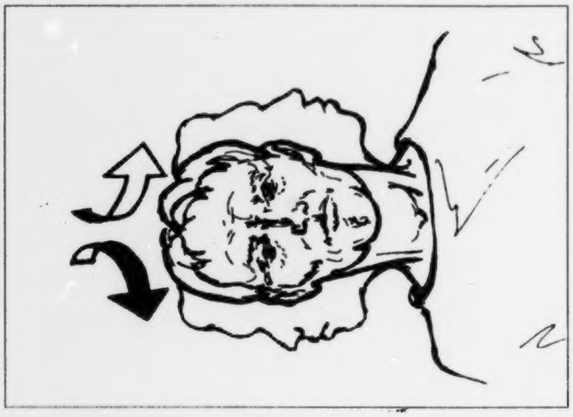
    b. Bend head forward trying to touch the chest with the chin. (flexion)

    c. Bring head back to bed. (extension)

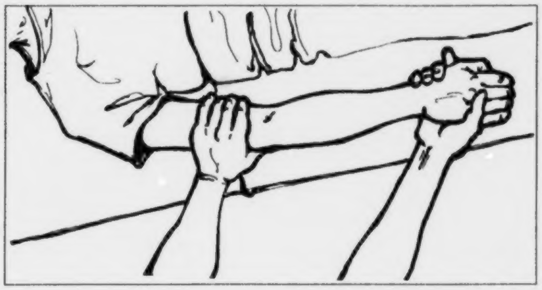
NOTE: Hyperextension is not possible with patient in supine position.



    d. Turn head from side to side. (right and left rotation)

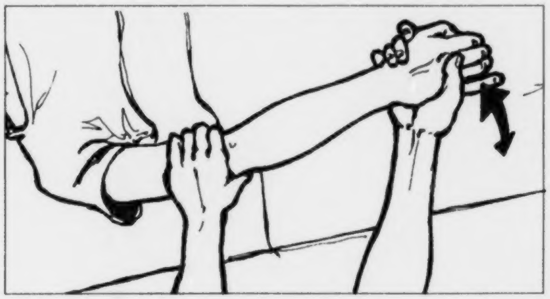


9. Exercise shoulders.
    a. Place one hand above the patient's elbow and hold patient's hand with your other hand. You will lift with both hands.

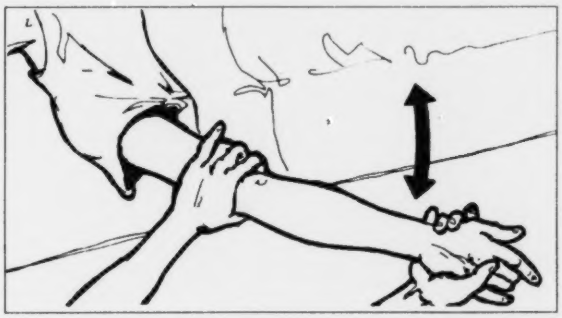


    b. Slowly lift patient's arm toward ceiling. Continue lifting the arm over the patient's head until you meet with resistance. (flexion)

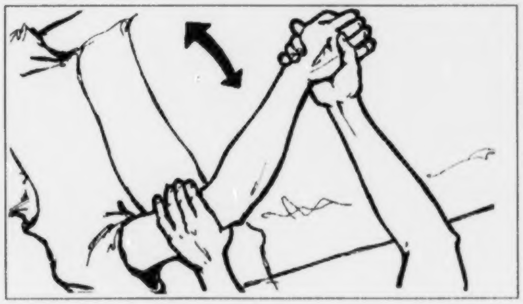
    c. Slowly lower the arm to the patient's side. (extension)



    d. Move the patient's arm out to the side, toward you. Continue moving toward patient's head until you meet with resistance. (abduction) Move the arm back to its original position.

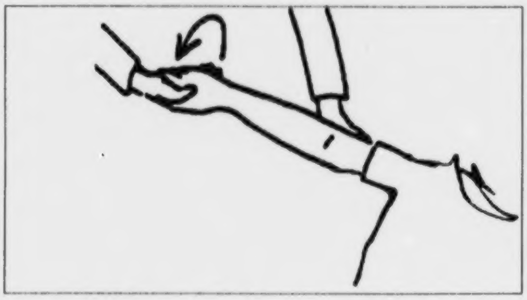


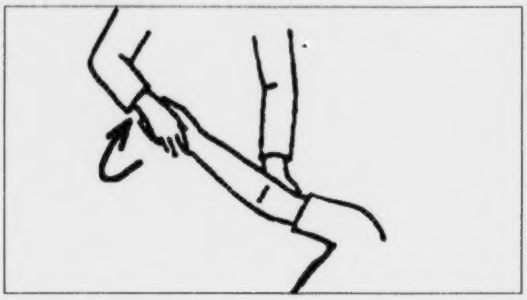
    e. Slowly move the arm over to the center of the body. (adduction) Move the arm back to its original position.



f. Keeping the arm straight, move it out to the side at shoulder level.

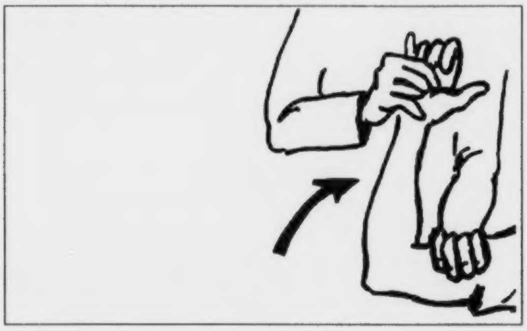
g. Rotate the arm so that the palm is facing the floor. (inversion)



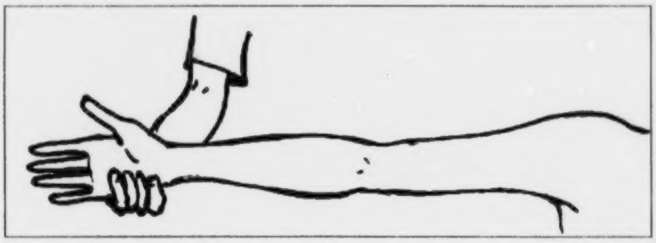


h. Rotate the arm so that the palm is facing upward. (eversion) Return arm to patient's side.

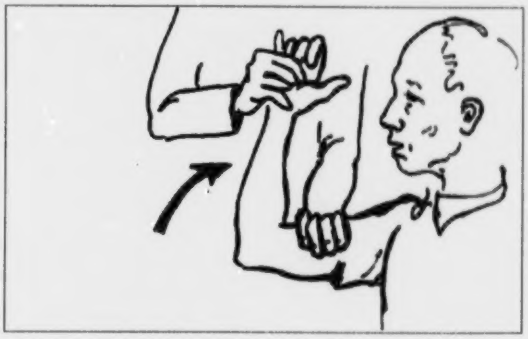
10. Exercise elbows.
    a. Bend the arm at the elbow and touch the shoulder. (flexion)



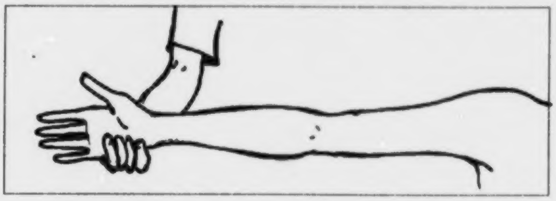
    b. Straighten arm. (extension)



c. Bend the arm at the elbow and touch the chin. (flexion)

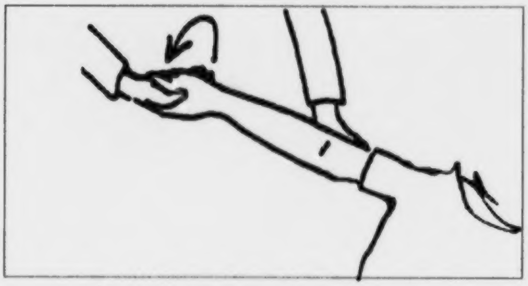


d. Straighten arm. (extension)

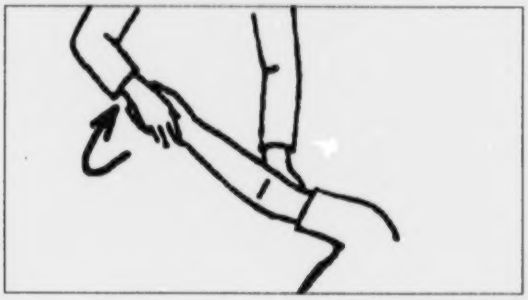


e. With one hand grasp patient's hand in handshake position. The other hand will be holding the elbow.

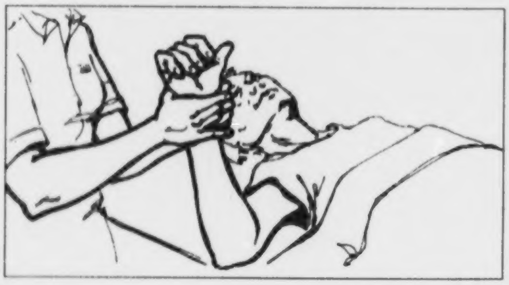
f. Turn palm of patient's hand toward floor. (pronation)



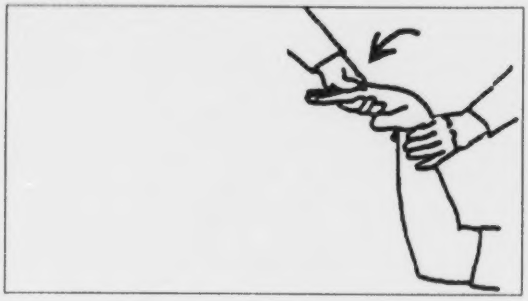
g. Turn palm of patient's hand toward ceiling. (supination)



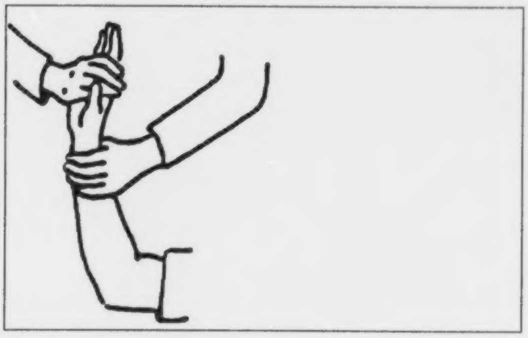
11. Exercise wrists.
    a. Support the arm and hand with elbow bent.



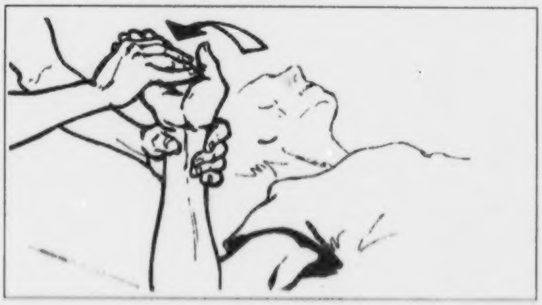
    b. Bend the hand forward. (flexion)



    c. Straighten the hand. (extension)

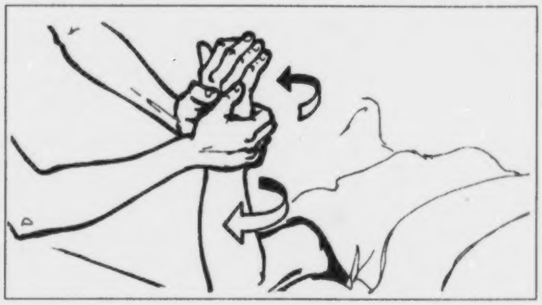


    d. Bend the hand backward. (hyperextension) Straighten the hand.

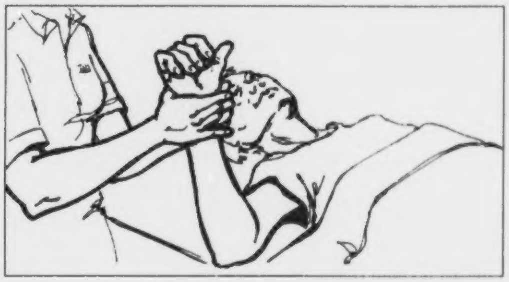


e. Turn the palm of the hand toward the body. (adduction)

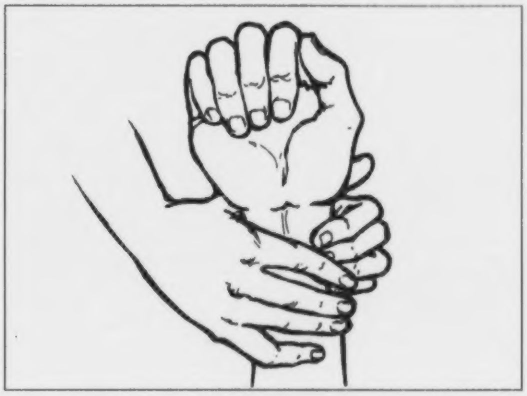
f. Turn the palm of the hand away from the body. (abduction)



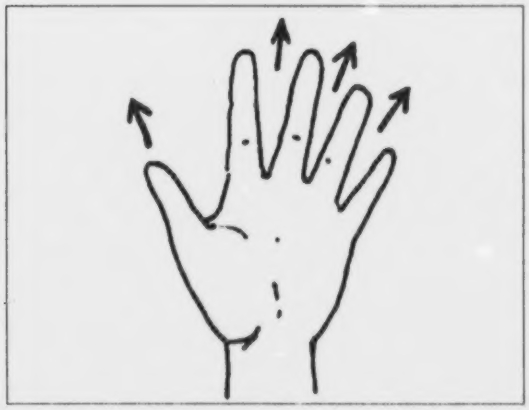
12. Exercise fingers and thumbs.
    a. Support the arm and hand at the wrist with the elbow bent.

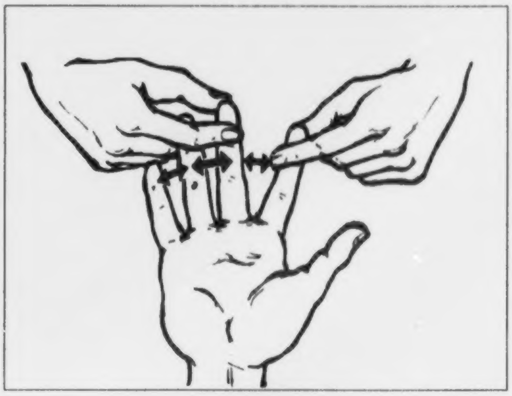


b. Instruct patient to make a fist with thumb on top fingers. (flexion)



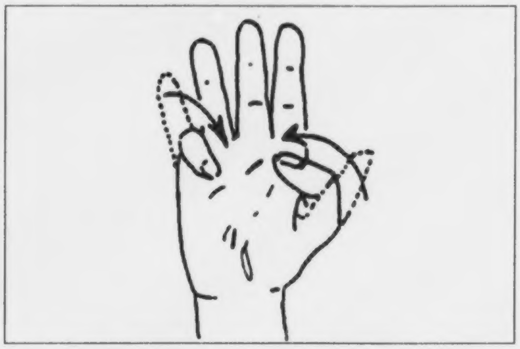
c. Straighten fingers. (extension)



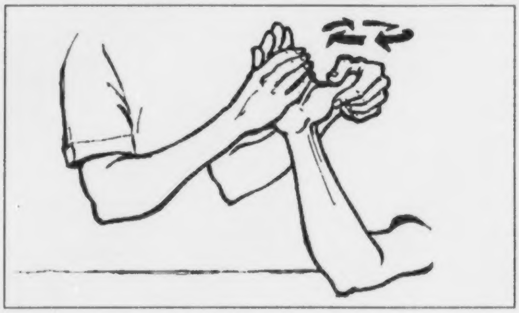


d. Move each finger away from the nearest finger. (abduction)

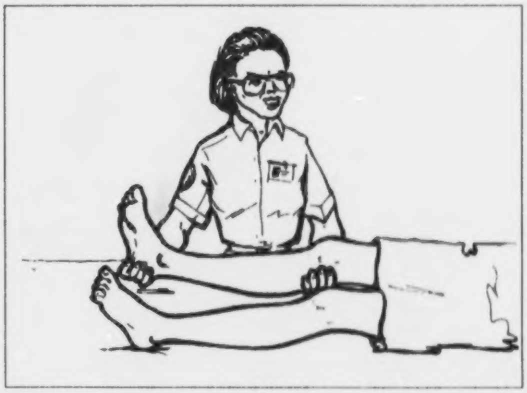
e. Move each finger toward the nearest finger. (adduction)



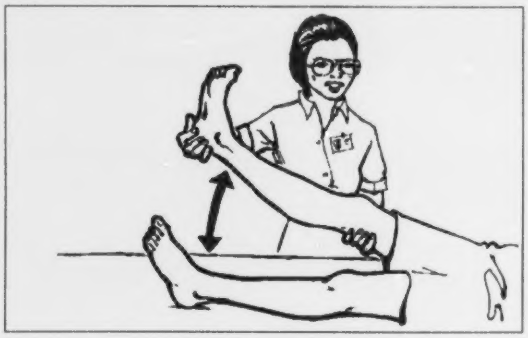
f. Move thumb toward little finger. Move thumb to the base of the little finger and back. (thumb opposition)



g. Move the thumb in a circle one direction and then in the other direction. (thumb rotation)

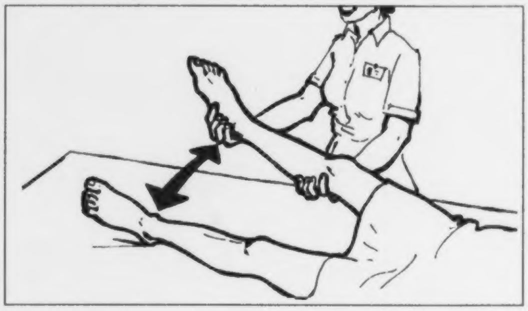


13. Exercise hips.
    a. Place one hand under patient's knee and other hand on patient's heel. You will be lifting with both hands.



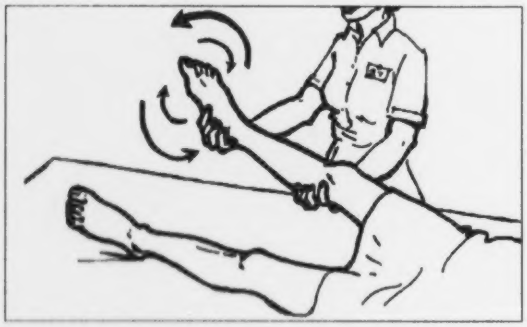
b. Lift leg toward ceiling while keeping the knee straight. (flexion)

c. Lower leg to bed. (extension)



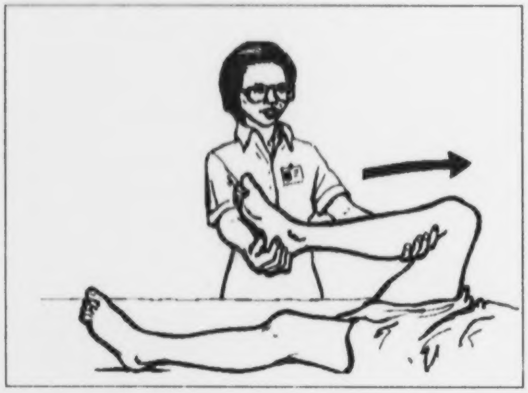
d. Move the leg out to the side while keeping the knee straight. (abduction)

e. Move the leg back to the center of the body. (adduction)

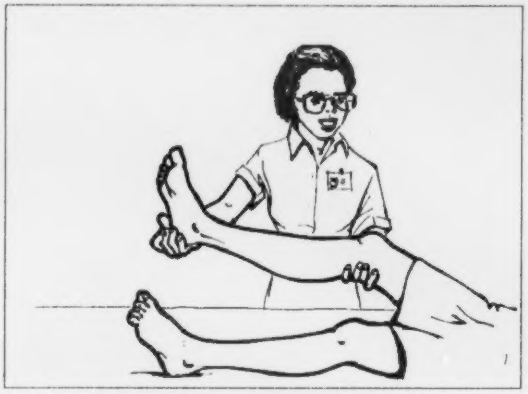


f. Rotate the leg toward the other leg. (inversion)

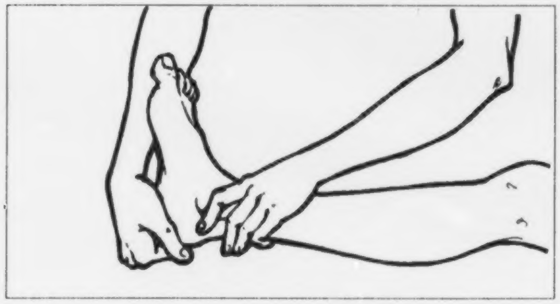
g. Rotate the leg away from the other leg. (eversion)



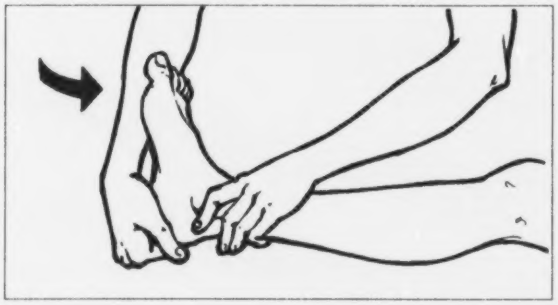
14. Exercise knees.
    a. Lift patient's leg and bend it at the knee. Move the leg slowly toward the patient's chest; continue to bend knee. (flexion)



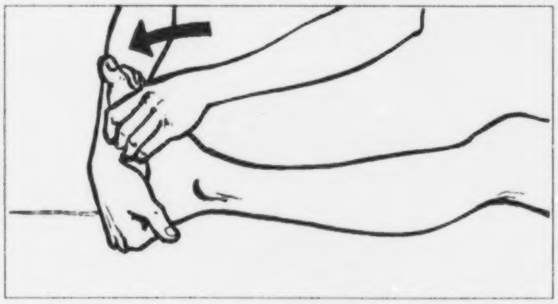
b. Slowly straighten the knee. (extension) Return leg to bed.



15. Exercise ankles.
    a. Support the heel of patient's foot with your hand so that your arm rests against the bottom of patient's foot. Place other hand around patient's ankle.



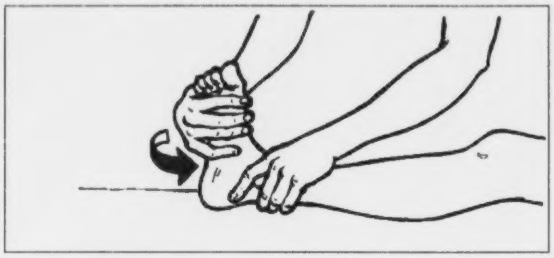
b. Press your arm against the bottom of patient's foot to move the foot toward the leg. (dorsiflexion) Return foot to original position.



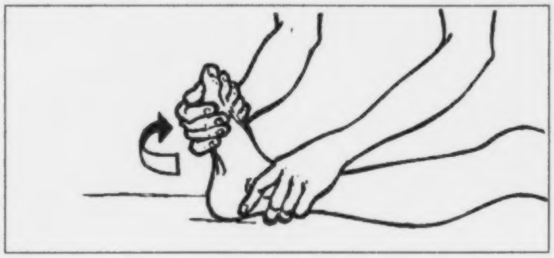
c. While holding heel, slide other hand to top of foot. Then, gently push down on foot to point the toes. (plantarflexion) Return foot to original position.

d. Reposition hands. One hand should hold ankle. The other hand should hold foot around the ball of the foot.

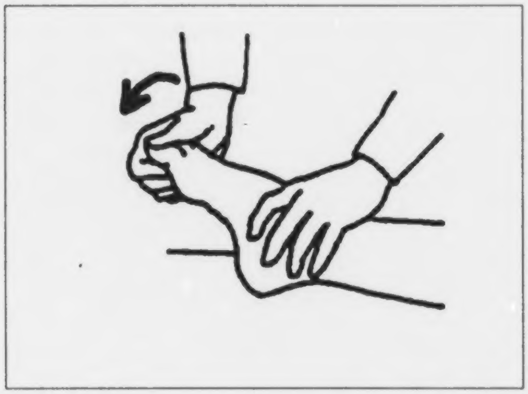
e. Turn bottom of foot toward other foot. (inversion) Return foot to original position.



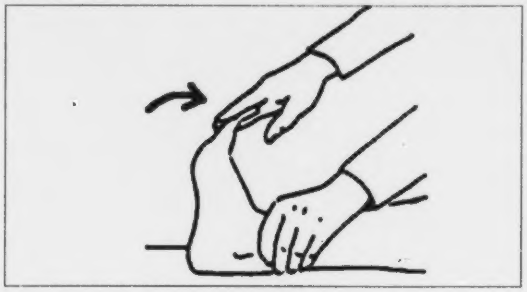
f. Turn bottom of foot away from other foot. (eversion) Return foot to original position.



16. Exercise toes.
    a. Hold foot with one hand. Grasp toes with other hand.
    b. Bend toes. (flexion)

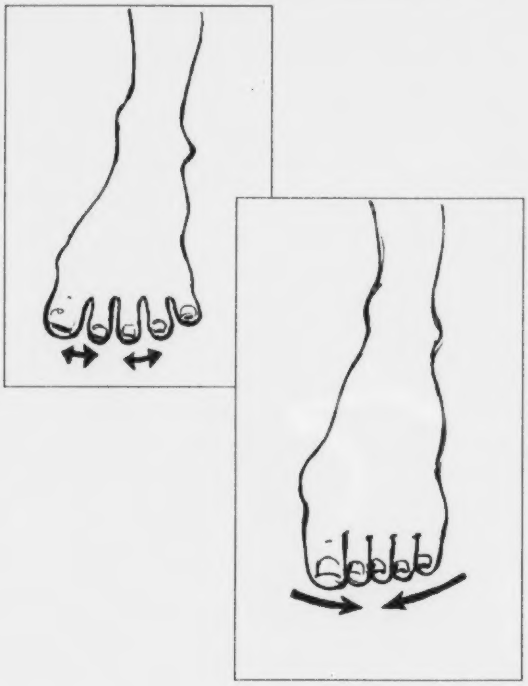


c. Straighten toes. (extension)



d. Move each toe away from the next toe. (abduction)

e. Move each toe toward the next toe. (adduction)

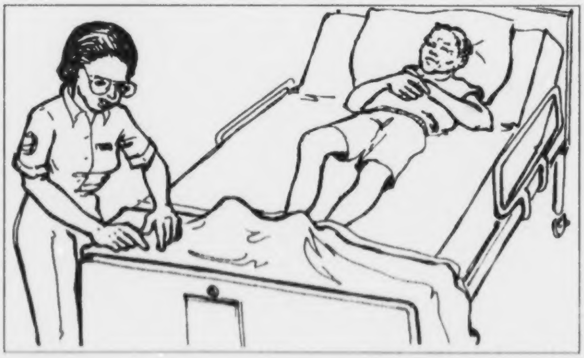


17. Lower bed to a position of safety.

18. Raise side rails if ordered.

19. Make patient comfortable. Pull sheet and bedspread over patient.

NOTE: If patient was covered with bath blanket, remove bath blanket after patient is covered with the sheet and bedspread.



20. Place call signal within reach.

21. Wash hands. Report anything unusual to your supervisor.

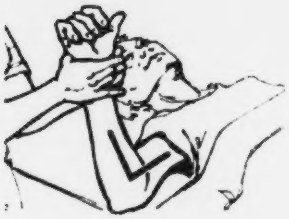
Do Skill Sheet 1

Giving Range of Motion Exercises
Skill Sheet 1

Directions: Read the following statements and answer the questions.

1. Look at the following pictures and match the correct position with the correct picture.

A. Horizontal Movement
B. 90° Angle
C. Circular Movement



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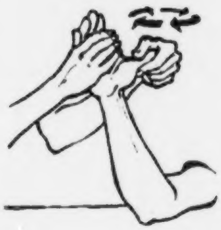

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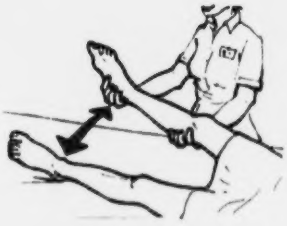


____

2. You have to do the following Range of Motion exercises for a bedfast patient.

R.O.M. on neck - 4 minutes
R.O.M. on shoulder joint (one side) - 3 minutes
R.O.M. on elbow joint (one side) - 4 minutes
R.O.M. on wrist joint (one side) - 4 minutes
R.O.M. on thumb and fingers (one side) - 6 minutes

If it takes this amount of time for each exercise, what is the total time for exercising one side of the patient's body?

____ 17 minutes ____ 21 minutes ____ 38 minutes ____ 42 minutes

What is the total time for exercising BOTH sides?

____ 17 minutes ____ 21 minutes ____ 38 minutes ____ 42 minutes

Giving Range of Motion Exercises

Written Evaluation

Match the terms in Column A with definitions in Column B.

Column A

____ 1. Range of Motion exercises

____ 2. Active R.O.M.

____ 3. Passive R.O.M.

____ 4. Contractures

Column B

a. Moving muscles and joints to prevent them from becoming useless and to stimulate circulation

b. Drawn up and shortened muscles caused by lack of use

c. When someone must do exercises for a patient

d. When a patient does Range of Motion exercises

5. What should you do if a patient complains of pain during range of motion exercises?

   a. Tell the patient it will go away.
   b. Do two more exercises and then stop.
   c. Stop the exercise after the next set.
   d. Stop the exercise immediately.

Giving Range of Motion Exercises
Evaluation

____________________has successfully performed the following steps of procedure.
(Student)

Assisting Patient with R.O.M. Exercises		Yes	No	Comments
1.	Wash hands.			
2.	Identify and greet patient. Identify self.			
3.	Explain that you are going to help exercise the patient's muscles. These exercises will already have been explained to the patient. **NOTE:** Have patient do exercises on one side while you do exercises on the other, if patient is able.			
4.	Pull curtain around patient to provide privacy. Make sure patient is wearing adequate clothing or cover patient with bath blanket.			
5.	Raise bed to a comfortable working height.			
6.	Fold top sheet and bedspread to foot of patient's bed. **NOTE:** Talk to patient while you are making preparations. First time patients may be frightened if they don't understand what is happening.			
7.	Remove pillow and assist patient to lie flat (supine position) unless otherwise instructed by supervisor. **NOTE:** Repeat each exercise as directed by your supervisor or the care plan. **REMEMBER:** Stop any exercise if patient complains of pain or if you meet with resistance.			
8.	Exercise neck. a. Support patient's head with your hands.			
	b. Bend head forward trying to touch the chest with the chin. (flexion)			
	c. Bring head back to bed. (extension) **NOTE:** Hyperextension is not possible with patient in supine position.			
	d. Turn head from side to side. (right and left rotation)			
9.	Exercise shoulders. a. Place one hand above the patient's elbow and hold patient's hand with your other hand. You will lift with both hands.			
	b. Slowly lift patient's arm toward ceiling. Continue lifting the arm over the patient's head until you meet with resistance. (flexion)			
	c. Slowly lower the arm to the patient's side. (extension)			

Assisting Patient with R.O.M. Exercises Cont.			No	Comments
	d. Move the patient's arm out to the side, toward you. Continue moving toward patient's head until you meet with resistance. (abduction) Move the arm back to its original position.			
	e. Slowly move the arm over to the center of the body. (adduction) Move the arm back to its original position.			
	f. Keeping the arm straight, move it out to the side at shoulder level.			
	g. Rotate the arm so that the palm is facing the floor. (inversion)			
	h. Rotate the arm so that the palm is facing upward. (eversion) Return arm to patient's side.			
10.	Exercise elbows. a. Bend the arm at the elbow and touch the shoulder. (flexion)			
	b. Straighten arm. (extension)			
	c. Bend the arm at the elbow and touch the chin. (flexion)			
	d. Straighten arm. (extension)			
	e. With one hand grasp patient's hand in handshake position. The other hand will be holding the elbow.			
	f. Turn palm of patient's hand toward floor. (pronation)			
	g. Turn palm of patient's hand toward ceiling. (supination)			
11.	Exercise wrists. a. Support the arm and hand with elbow bent.			
	b. Bend the hand forward. (flexion)			
	c. Straighten the hand. (extension)			
	d. Bend the hand backward. (hyperextension) Straighten the hand.			
	e. Turn the palm of the hand toward the body. (adduction)			
	f. Turn the palm of the hand away from the body. (abduction)			
12.	Exercise fingers and thumbs. a. Support the arm and hand at the wrist with the elbow bent.			
	b. Instruct patient to make a fist with thumb on top fingers. (flexion)			
	c. Straighten fingers. (extension)			
	d. Move each finger away from the nearest finger. (abduction)			
	e. Move each finger toward the nearest finger. (adduction)			

Assisting Patient with R.O.M. Exercises Cont.		Yes	No	
	f. Move thumb toward little finger. Move thumb to the base of the little finger and back. (thumb opposition)			
	g. Move the thumb in a circle one direction and then in the other direction. (thumb rotation)			
13.	Exercise hips. a. Place one hand under patient's knee and other hand on patient's heel. You will be lifting with both hands.			
	b. Lift leg toward ceiling while keeping the knee straight. (flexion)			
	c. Lower leg to bed. (extension)			
	d. Move the leg out to the side while keeping the knee straight. (abduction)			
	e. Move the leg back to the center of the body. (adduction)			
	f. Rotate the leg toward the other leg. (inversion)			
	g. Rotate the leg away from the other leg. (eversion)			
14.	Exercise knees. a. Lift patient's leg and bend it at the knee. Move the leg slowly toward the patient's chest; continue to bend knee. (flexion)			
	b. Slowly straighten the knee. (extension) Return leg to bed.			
15.	Exercise ankles. a. Support the heel of patient's foot with your hand so that your arm rests against the bottom of patient's foot. Place other hand around patient's ankle.			
	b. Press your arm against the bottom of patient's foot to move the foot toward the leg. (dorsiflexion) Return foot to original position.			
	c. While holding heel, slide other hand to top of foot. Then, gently push down on foot to point the toes. (plantarflexion) Return foot to original position.			
	d. Reposition hands. One hand should hold ankle. The other hand should hold foot around the ball of the foot.			
	e. Turn bottom of foot toward other foot. (inversion) Return foot to original position.			
	f. Turn bottom of foot away from other foot. (eversion) Return foot to original position.			
16.	Exercise toes. a. Hold foot with one hand. Grasp toes with other hand.			
	b. Bend toes. (flexion)			
	c. Straighten toes. (extension)			

Assisting Patient with R.O.M. Exercises Cont.		Yes	No	Comments
	d. Move each toes away from the next toe. (abduction)			
	e. Move each toe toward the next toe. (adduction)			
17.	Lower bed to a position of safety.			
18.	Raise side rails if ordered.			
19.	Make patient comfortable. Pull sheet and bedspread over patient. **NOTE:** If patient was covered with bath blanket, remove bath blanket after patient is covered with the sheet and bedspread.			
20.	Place call signal within reach.			
21.	Wash hands. Report anything unusual to your supervisor.			

Student's Signature/Date

Instructor's Signature/Date

Measuring Weight and Height

Unit Objective

After completing this unit, you should be able to measure the patient's weight and height accurately.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms presented in this unit with their correct definitions.

B. Identify key points for measuring the patient's weight and height.

C. Read a balance scale.

D. Convert inches to feet or feet and inches.

E. Measure weight and height of patient using an upright scale.

Introduction

A patient in a health care facility is measured for weight and height to monitor changes. Routine weekly or monthly weights are taken to determine gains or losses that may be associated with diet, activity, condition, or fluid intake and output. Depending on the health of the patient, different types of scales can be used. It is important that a health care assistant can determine what scale is best suited for each patient.

A. Terms

Actual weight - true weight of a patient without clothing, braces, or added weights

Upright scale - scale used to weigh ambulatory patients; can be a balance scale or a spring scale

Ambulatory - being able to walk around

Balance scale - scale that uses movable weights

Spring scale - scale that uses spring tension

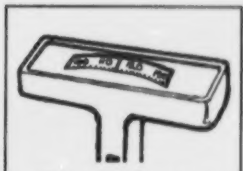
Chair scale - scale fitted with a chair so that patients may be weighed while sitting; can be a balance scale or a spring scale

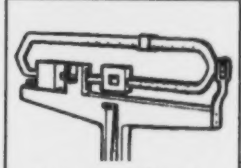
Platform scale - scale which is adapted for wheelchairs; can be a balance scale or a spring scale

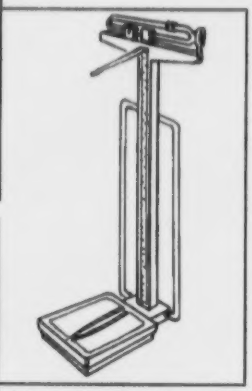
Mechanical lift - equipment using hydraulic pressure to assist in moving patients that are too heavy for one or two persons to move

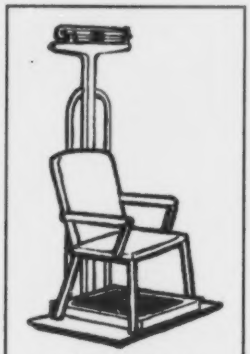
Measuring rod - used to measure patient's height by reading feet and inch increments on the rod

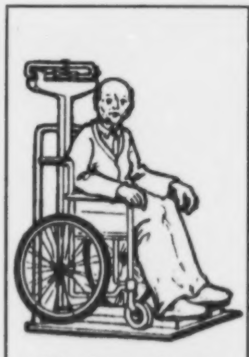
Increment - an increase in size or number

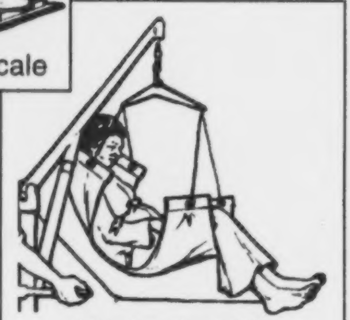

Spring Scale


Balance Scale


Upright Scale with Measuring Rod


Chair Scale


Platform Scale

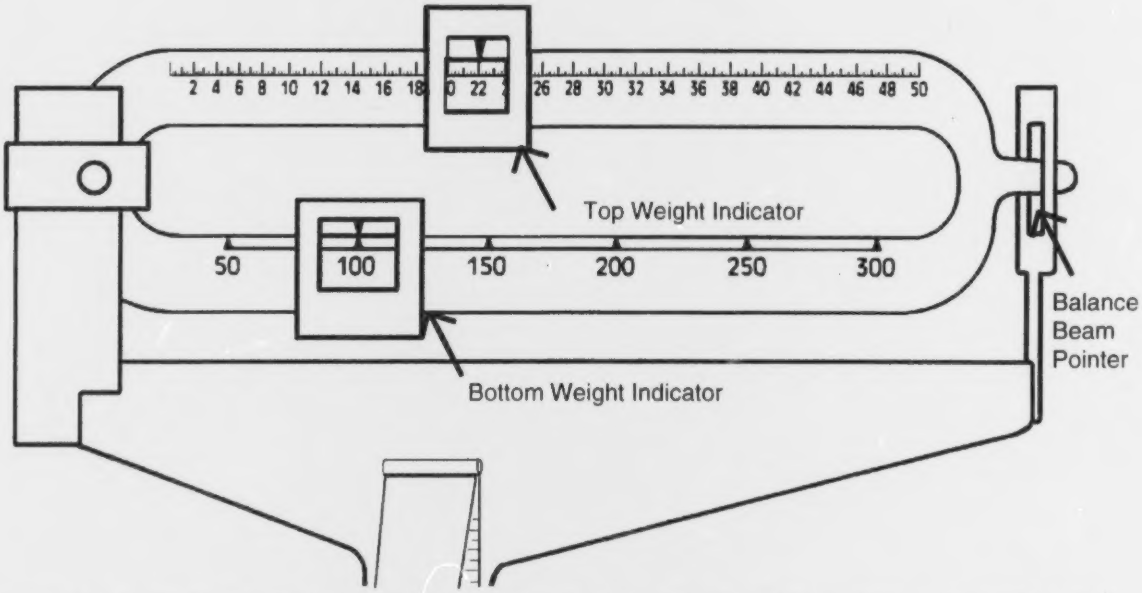

Mechanical Lift

B. Key Points for Measuring Weight and Height

- Weigh patients at the same time of day.
- Use the same scale to weigh patient each time.
- If clothing is figured as weight, the same type of clothing should be worn.
- Weight is recorded in pounds.
- Height is recorded in feet and inches.
- The upright scale is used for ambulatory patients.
- In-bed scales are used for patients who must remain in bed.
- Platform scales are used for weighing patients in wheelchairs.
- The chair scale can be used for patients that are ambulatory but are unsteady. If you need to support the patient while standing, the chair scale would be used.
- Measuring height can be done at the same time as weighing when an upright scale is used.

C. Reading a Balance Scale

The upright balance scale is probably the most commonly used scale in long-term care facilities. Once you use your basic math skills to calculate the weight, it is quite easy to use.


2 4 6 8 10 12 14 16 18
0 22
26 28 30 32 34 36 38 40 42 44 46 48 50
Top Weight Indicator
50
100
150
200
250
300
Balance Beam Pointer
Bottom Weight Indicator

On the balance scale, the bottom weight indicator is in 50-pound increments. The pointer on the weight indicator must line up exactly with the notch that shows the weight. If they don't line up, you will not get the accurate weight.

The top weight indicator is in one-pound increments divided into one-fourth pounds. Only even numbers are shown on this scale. To get an accurate reading, the pointer on the top weight indicator must line up with the notch on this scale.

Weight is determined when the balance beam pointer balances steadily in the middle of the metal square after the weight indicators are adjusted.

The weight shown on the bottom bar is added to the weight shown on the top bar.

For example:

Bottom bar	100 pounds
Top bar	22 pounds
Total	122 pounds

D. Changing Inches to Feet or Feet and Inches

This procedure is very similar to changing ounces to fractions of pounds. This time we use 12 as the dividing number because there are 12 inches in a foot.

1. Divide the total number of inches by 12 to get feet.

Inch/Foot Comparisons

6 inches = 1/2 foot
12 inches = 1 foot
24 inches = 2 feet
36 inches = 3 feet
48 inches = 4 feet
60 inches = 5 feet
72 inches = 6 feet

2. The remaining number shows inches.

For example:

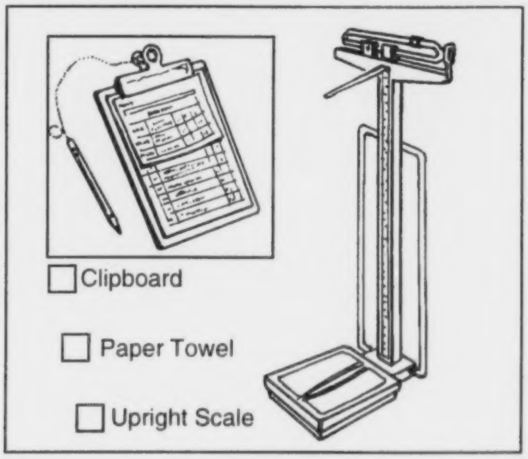
62 inches (Divide by 12, the number of inches in a foot)

$$\begin{array}{rl} & \text{5 ft. and 2 in.} \\ 12\,\big) & \overline{\text{62 inches}} \\ & \underline{\text{60 inches}} \\ & \text{2 inches} \end{array}$$

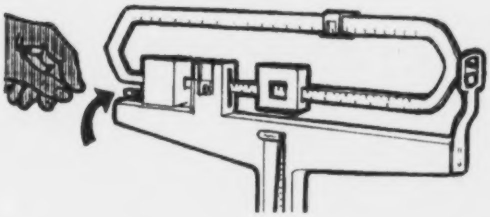
E. Steps of Procedure for Measuring Weight and Height of Patient Using the Upright Scale

1. Wash hands.

2. Assemble equipment.



3. Adjust the scale. Both weight pointers must point to zero (0). Turn balance screw until the balance beam pointer stays in the middle of the metal square.



4. Identify and greet patient. Identify yourself.

5. Explain what you are going to do.

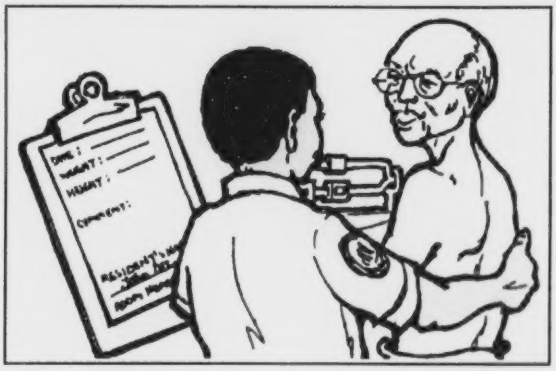
6. Pull curtain to provide privacy.

7. Place a paper towel on the scale platform.

8. Ask the resident to remove robe and slippers; provide assistance if necessary.

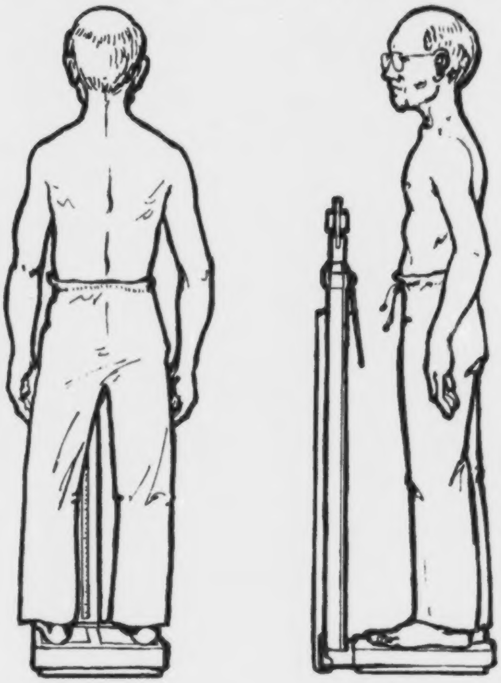
9. Assist patient onto scale. Be sure patient has both feet firmly on the scale platform and is balanced.

NOTE: Patient can grip the support bar if scale is equipped with one.



10. Instruct patient to stand straight with hands at sides. Do not support the patient on the scale.

NOTE: If patient is unable to stand unassisted, a chair scale or platform scale should be used.

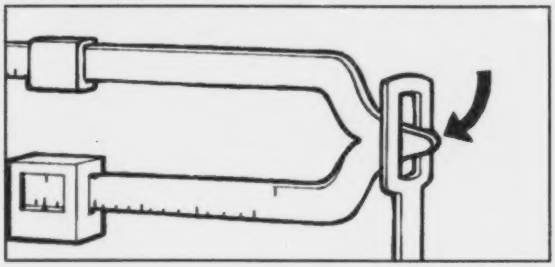


11. Be sure the weights are to the extreme left and the balance beam pointer hangs free.

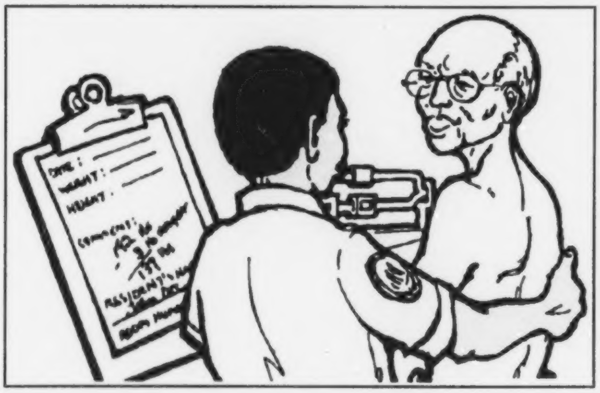
12. Move the large weight to the closest estimate of patient's weight.

13. Move the small or top bar weight to the right until the balance beam pointer hangs free.

14. Allow pointer to become steady before noting weight. The balance beam pointer should stay steady in the middle of the metal square.



15. Add weight figures from large indicator and small indicator.


DATE:
WEIGHT:
HEIGHT:
COMMENTS:
RESIDENT'S

16. Note weight.

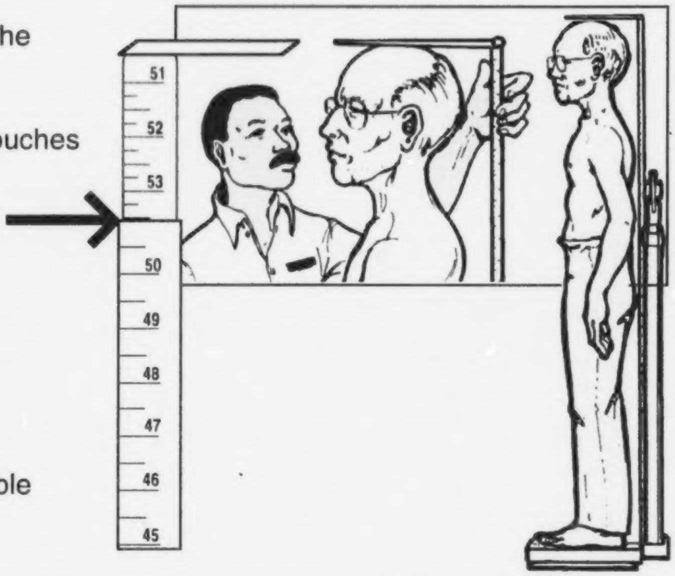
17. Write down the weight.

Do Skill Sheets 1 and 2

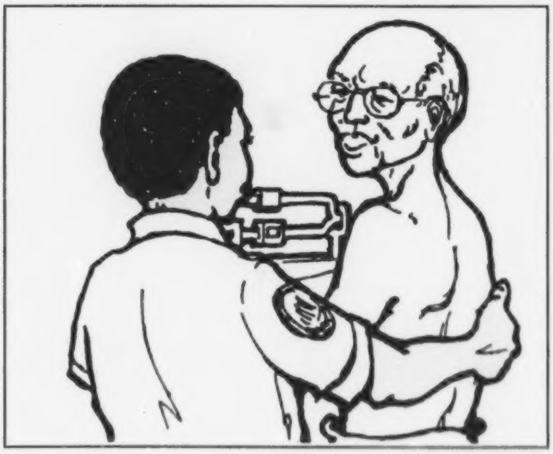
18. Instruct patient to stand straight with back to measuring rod.

19. Raise the movable portion of the measuring rod.

20. Adjust measuring rod until it touches the top of the patient's head.


51
52
53
50
49
48
47
46
45

21. Read the height at the moveable point of the measuring rod.



22. Raise the measuring rod off patient's head and help the patient to step off the scale.

23. Assist patient in putting on shoes or slippers and help patient back to his room.

24. Assist patient to bed or chair.

25. Discard the paper towel.

26. Wash your hands.

27. Make the patient comfortable; place call signal within reach.

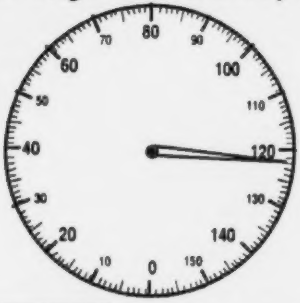
28. Record observations and report any major change in weight to your supervisor.

Do Skill Sheets 3 and 4

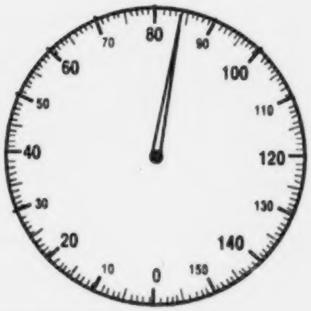
Reading Different Scales

Skill Sheet 1

Directions: Write the weight in the blank by each scale.


0
10
20
30
40
50
60
70
80
90
100
110
120
130
140
150

1. ______________


0
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40
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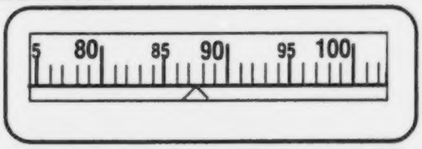
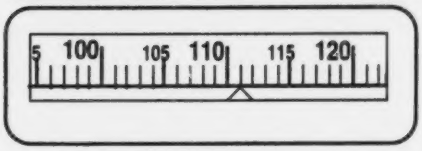
60
70
80
90
100
110
120
130
140
150

2. ______________

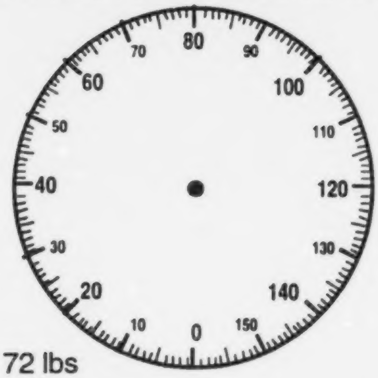

5
80
85
90
95
100

3. ______________

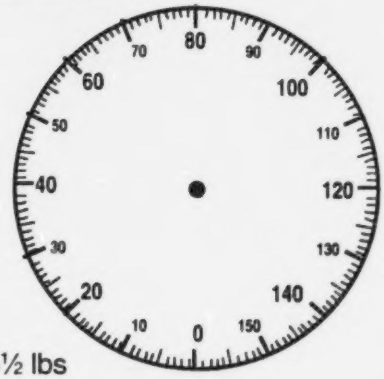

5
100
105
110
115
120

4. ______________

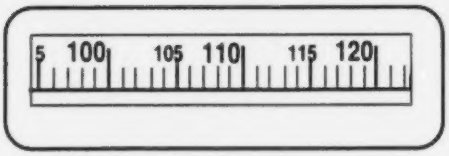
Directions: Draw a black line to indicate the weight by the scales below.


0
10
20
30
40
50
60
70
80
90
100
110
120
130
140
150

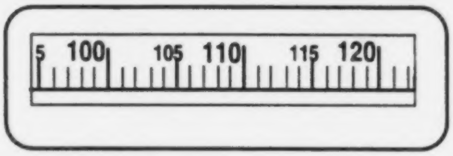
5. 72 lbs


0
10
20
30
40
50
60
70
80
90
100
110
120
130
140
150

6. 135½ lbs


5
100
105
110
115
120

7. 120 lbs

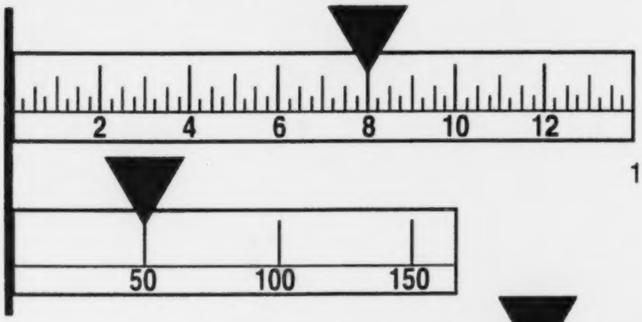

5
100
105
110
115
120

8. 105 lbs

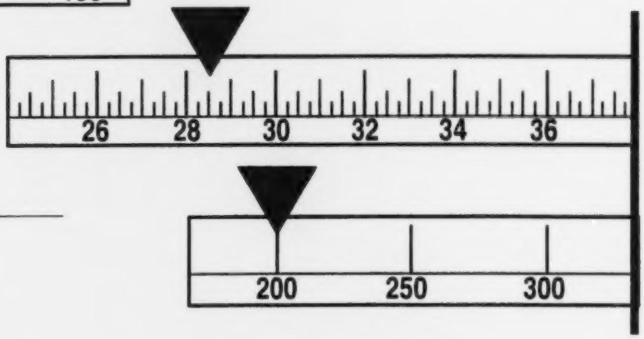
Reading the Balance Scale

Skill Sheet 2

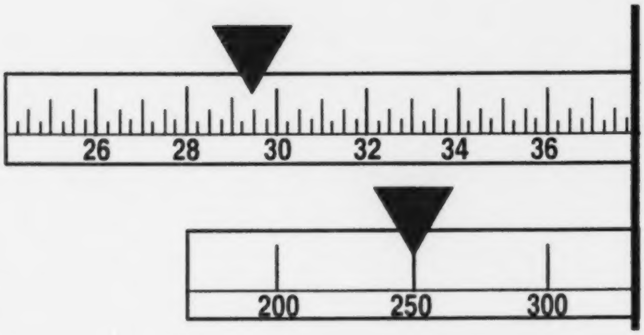
Directions: Write the weight for each of the scales shown. Arrows are used to show where the weight indicators are pointing. Remember, the top scale is divided into pound and 1/4 pound increments.


2
4
6
8
10
12
50
100
150

1. ____________________


26
28
30
32
34
36
200
250
300

2. ____________________


26
28
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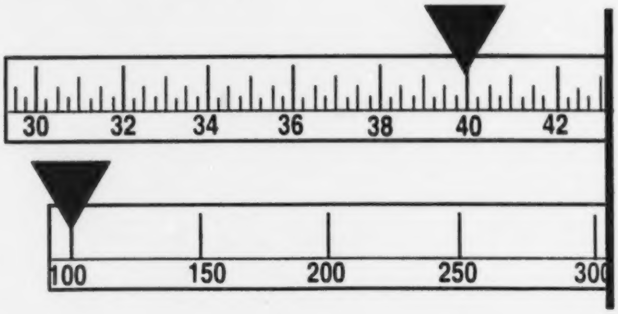
32
34
36
200
250
300

3. ____________________


30
32
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38
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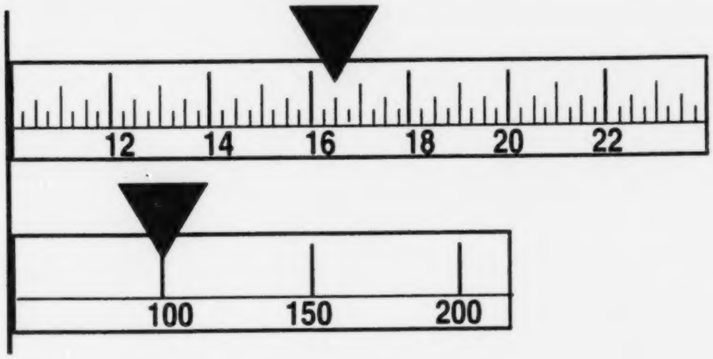
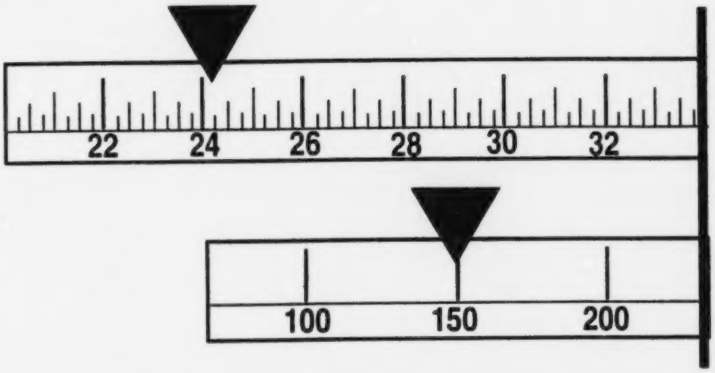
42
100
150
200
250
300

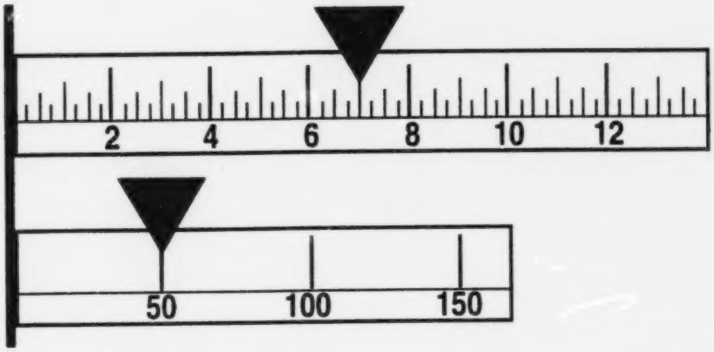
4. ____________________



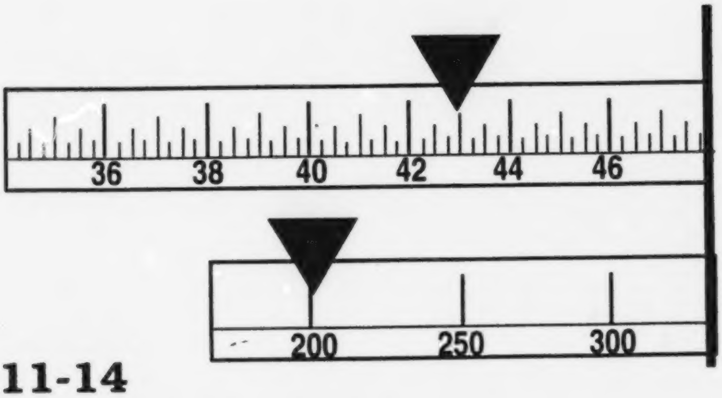
5. ____________________



6. ____________________



7. ____________________



8. ____________________

Changing Inches to Feet or Feet and Inches
Skill Sheet 3

Problem Solving:

1. Clarence Edwards weighs 175 pounds and is 70 inches tall. How tall is Mr. Edwards in feet and inches?
2. In her bare feet, Mary Waters is 66 inches tall. How tall is Ms. Waters in feet and inches?
3. Norma Jones is 58 inches tall and weighs 97 pounds. How tall is Ms. Jones in feet and inches?
4. Jim Carey is 72 inches tall. How tall is Mr. Carey in feet and inches?

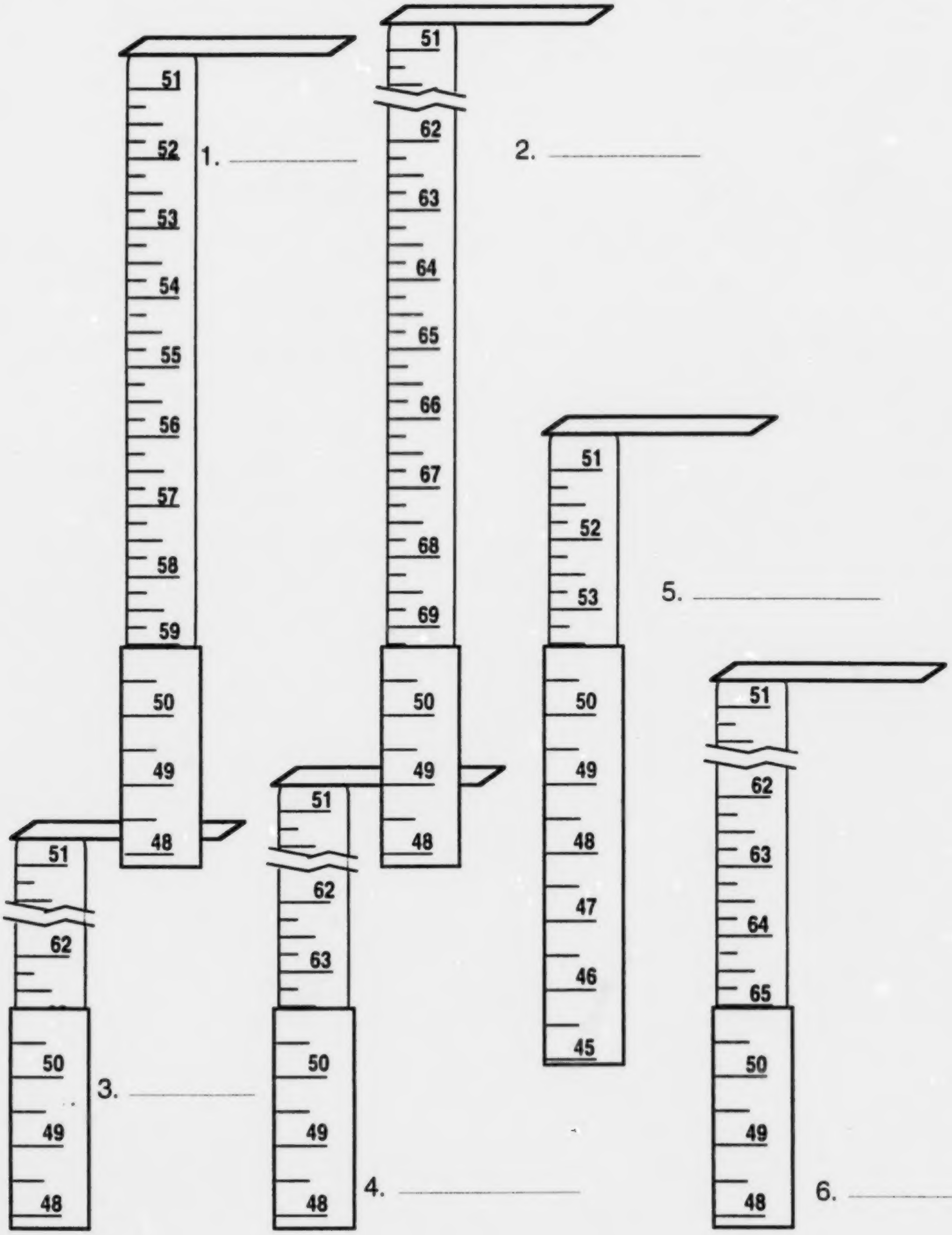
Inch to Foot Conversions

6 inches = 1/2 foot
12 inches = 1 foot
24 inches = 2 feet
36 inches = 3 feet
48 inches = 4 feet
60 inches = 5 feet
72 inches = 6 feet

Reading a Height Measuring Scale

Skill Sheet 4

Directions: Write the correct height in the blank by each measuring scale.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63
50
49
48

1. ____________

2. ____________

3. ____________

4. ____________

5. ____________

6. ____________

Measuring Weight and Height
Written Evaluation

Match the terms in Column A with definitions in Column B.

Column A	**Column B**
___ 1. Chair scale	a. Scale which is adapted for wheelchairs
___ 2. Actual weight	b. True weight of a patient without clothing, braces, or added weight
___ 3. Balance scale	c. Scale fitted with a chair so that patient may be weighed while sitting
___ 4. Platform scale	d. An increase in size or number
___ 5. Increment	e. Used to measure patient's height
	f. Upright scale which uses movable weights to determine a patient's weight

6. The last three times that Harry Thompson was weighed, he was weighed before breakfast. You are assigned his care today. What is the best time to weigh Mr. Thompson?

   a. Before breakfast
   b. After breakfast
   c. Before lunch
   d. After dinner

7. Weight is recorded in ____________________.

   a. Inches
   b. Feet and inches
   c. Pounds
   d. Grams

8. Height is recorded in ________________ .

   a. Inches
   b. Feet and inches
   c. Pounds
   d. Grams

9. On a balance scale, the bottom weight indicator shows ____________________ pound increments.

   a. One
   b. Five
   c. Twenty-five
   d. Fifty

10. To convert inches to feet, divide the number of total inches by ____________.

   a. Two
   b. Five
   c. Twelve
   d. Sixteen

11. Paul Frink is 70 inches tall. How tall is he in feet and inches?

   a. 4 feet 6 inches
   b. 5 feet 6 inches
   c. 5 feet 10 inches
   d. 6 feet 10 inches

Measuring Weight and Height
Evaluation

____________________has successfully performed the following steps of procedure.
(Student)

Measuring Weight and Height		Yes	No	Comments
1.	Wash your hands.			
2.	Assemble equipment.			
3.	Adjust the scale. Both weight pointers must point to zero (0). Turn balance screw until the balance beam pointer stays in the middle of the metal square.			
4.	Identify and greet patient. Identify self.			
5.	Explain what you are going to do.			
6.	Pull curtain to provide privacy.			
7.	Place a paper towel on the scale platform.			
8.	Ask the patient to remove robe and slippers; provide asistance if necessary.			
9.	Assist patient onto scale. Be sure patient has both feet firmly on the scale platform and is balanced. **NOTE:** Patient can grip the support bar if scale is equipped with one.			
10.	Instruct patient to stand straight with hands at sides. Do not support the patient on the scale. **NOTE:** If patient is unable to stand unassisted, a chair scale or platform scale should be used.			
11.	Be sure the weights are to the extreme left and the balance beam pointer hangs free.			
12.	Move the large weight to the closest estimate of patient's weight.			
13.	Move the small or top bar weight to the right until the balance beam pointer hangs free.			
14.	Allow pointer to become steady before noting weight. The balance beam pointer should stay steady in the middle of the metal square.			
15.	Add weight figures from large indicator and small indicator.			
16.	Note weight.			
17.	Write down the weight.			

Measuring Weight and Height Cont.		Yes	No	Comments
18.	Instruct patient to stand straight with back to measuring rod.			
19.	Raise the movable portion of the mesasuring rod.			
20.	Adjust measuring rod until it touches the top ot the patient's head.			
21.	Read the height at the moveable point of the measuring rod.			
22.	Raise the measuring rod off patient's head and help the patient to step off the scale.			
23.	Assist patient in putting on shoes or slippers and help patient back to his room.			
24.	Assist patient to bed or chair.			
25.	Discard the paper towel.			
26.	Wash your hands.			
27.	Make the patient comfortable; place call signal within reach.			
28.	Record observations and report any major change in weight to your supervisor.			

Student's Signature/Date

Instructor's Signature/Date

Giving Decubitus Care

Unit Objective

After completing this unit, you should be able to give decubitus care.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms with their definitions.

B. Identify pressure area sites.

C. Describe signs that a decubitus ulcer is developing.

D. Identify ways to prevent decubitus ulcers from forming.

E. Give decubitus care according to steps of procedure.

Introduction

Decubitus ulcers are sores that develop as a result of skin breakdown. Skin breakdown is caused by pressure and irritation where bony parts of the body make contact with the bed. Decubitus ulcers can form any place where there is irritation or pressure. Decubitus ulcers are often a problem with bedfast patients if they do not receive proper bedside care. This unit will show you ways to help prevent decubitus ulcers from forming.

A. Terms

Decubitus ulcer - sore that develops as a result of skin breakdown

Bedfast - being unable to get out of bed

Bed cradle - metal frame to keep weight of bed clothing off a body part

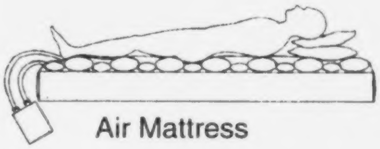
Air mattress - inflatable mattress used to relieve pressure on bony parts of the body

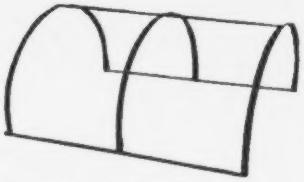
Egg crate mattress - a foam covering that looks like an upside-down egg carton; it is placed under a bedfast patient's body to help relieve pressure and irritation on bony areas of the patient's body

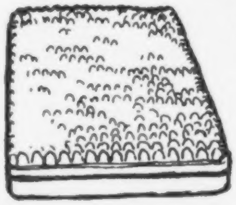
Sheepskin - looks and feels like wool of the sheep; placed under the bony areas of a bedfast patient's body to help relieve pressure and irritation on that area

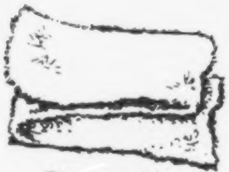
Elbow protector - a device applied to the elbow for protection

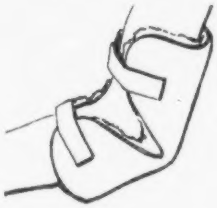
Heel protector - a device applied to the heel for protection

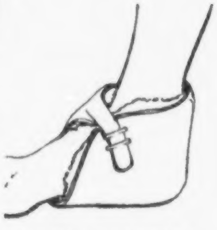

Air Mattress


Bed Cradle


Egg Crate Mattress

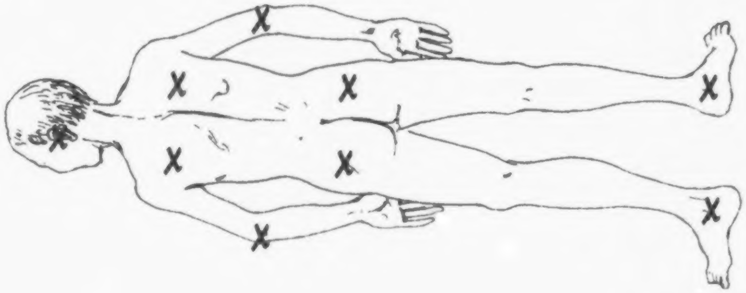

Sheepskin


Elbow Protector


Heel Protector

B. Common Pressure Area Sites

- Elbows
- Heels
- Shoulders
- Sacrum
- Hips
- Ankles
- Ears



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C. Signs of a Forming Decubitus Ulcer

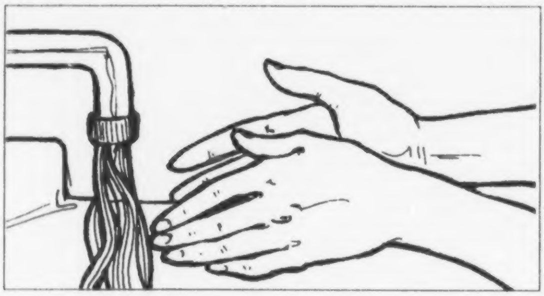
A sign of a forming decubitus ulcer is a tender, warm, reddened skin area. The area becomes white or gray when pressed. If left untreated, it quickly breaks down the skin and becomes a constantly enlarging, painful, and hard-to-heal sore.

D. Preventing Decubitus Ulcers

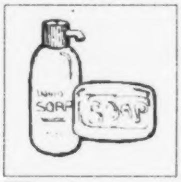
Most decubitus ulcers can be prevented by observation, that is, looking at the patient. Good nursing care also helps prevent decubitus ulcers. This includes bathing and turning the patient, smoothing out wrinkles in the patient's bed and bed clothing, and by using protective devices. Protective devices include sheepskin, an egg crate mattress, an air mattress, elbow and heel protectors, which take pressure off irritated areas. Your supervisor should be notified if you see signs that a decubitus ulcer is forming or has already formed.

E. Steps of Procedure for Giving Decubitus Care

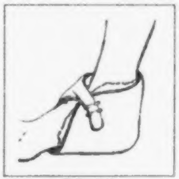
1. Wash hands



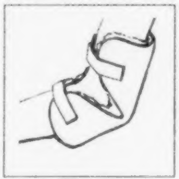
2. Assemble equipment and place on overbed table.



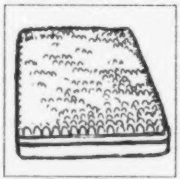
☐ Soap



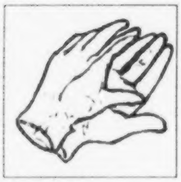
☐ Heel Protector



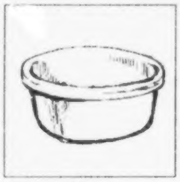
☐ Elbow Protector



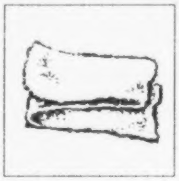
☐ Egg Crate Mattress



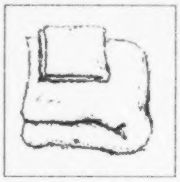
☐ Gloves



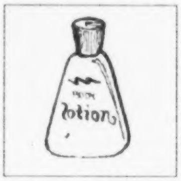
☐ Wash Basin



☐ Sheepskin

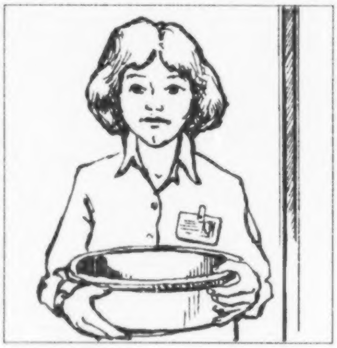


☐ Towel & Washcloth

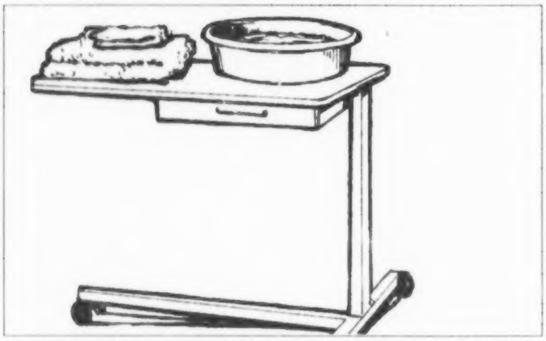


☐ Lotion

3. Take wash basin into bathroom and fill about two-thirds full with warm water.

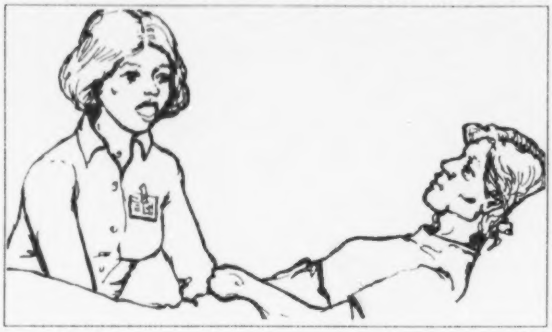


4. Place wash basin on overbed table.

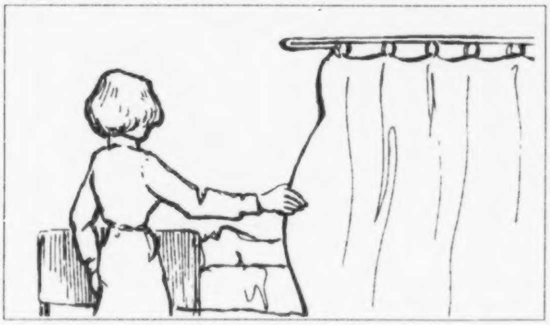


5. Identify and greet patient. Identify self.

6. Explain to the patient what you are going to do. Check turning schedule.



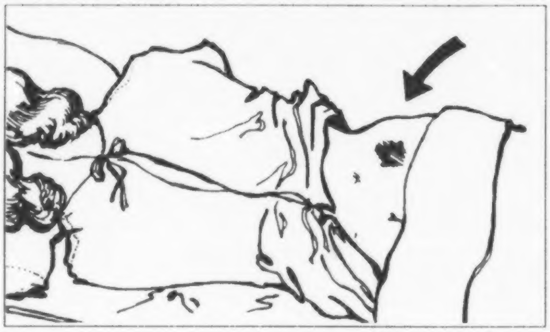
7. Pull curtain to provide privacy.



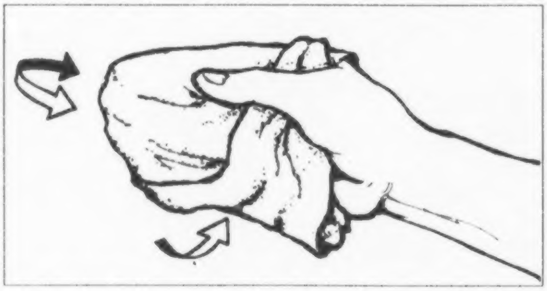
8. Locate reddened area.

NOTE: Expose only the reddened area.

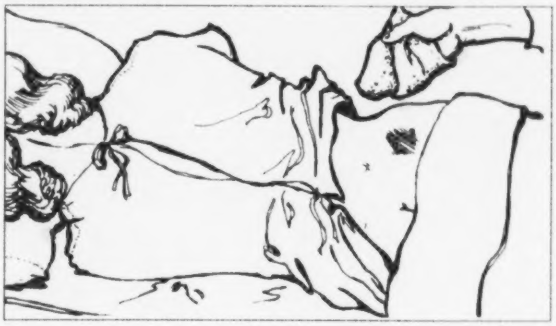
9. Check reddened area for break in skin or drainage. If drainage is present, gloves must be worn. Report to supervisor.



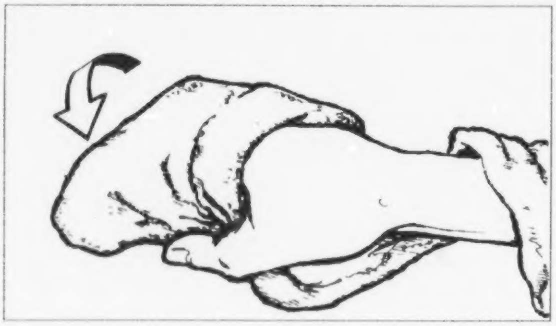
10. Wet washcloth and wrap it around your hand like a glove.



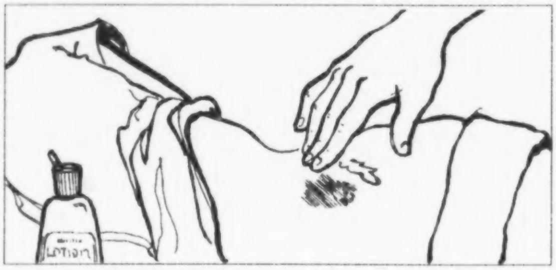
11. Rub soap on washcloth.
12. Wash skin area gently with soap and water.
13. Rinse washcloth and rinse area.



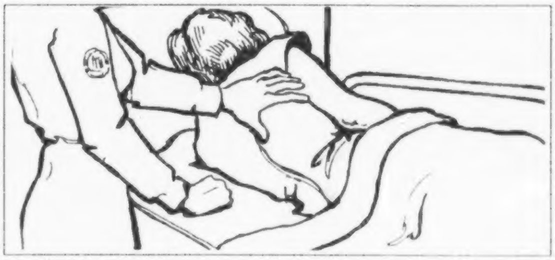
14. Wrap a corner of the towel around your hand and gently pat the area dry.



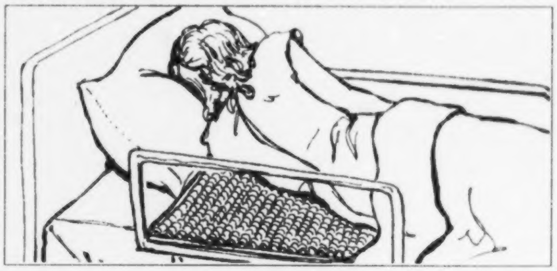
15. Apply warmed lotion to skin around reddened area.



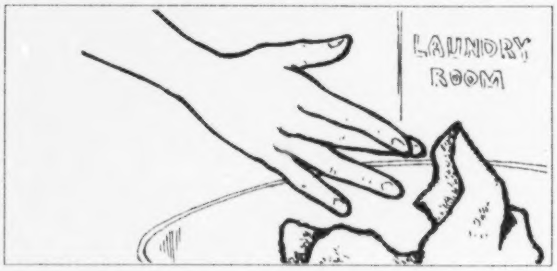
16. Tighten linen on bed and turn patient to side listed on turning schedule.



17. Apply heel or elbow protectors, sheepskin, or egg crate mattress as needed.

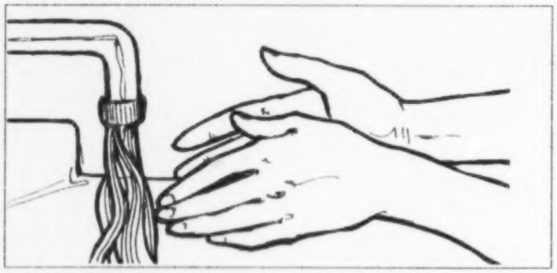


18. Clean and return equipment and supplies to their proper locations.



19. Remove gloves if worn.

20. Wash your hands.



21. Record:
    - Observations made
    - Care given
    - Time given
    - Position in which patient was placed

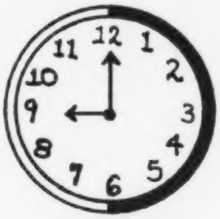
22. Report anything unusual to the charge nurse.

Do Skill Sheet 1

Giving Decubitus Care
Skill Sheet 1

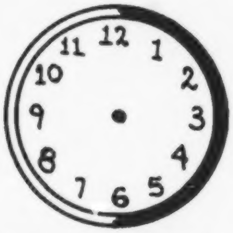
Directions: Read the situation below and answer the questions.

A patient in your health care facility needs decubitus care. You begin care for the patient at 9:00 a.m. It takes you 45 minutes to care for this patient.



Starting Time

At approximately what time would you be finished with this patient?_______ Mark the time you would finish by drawing hands on the clock to the right.

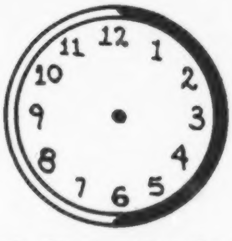


Finish (One Patient)

Your second patient takes 35 minutes for decubitus care. What time would you be completed with both patients?

____

Mark the time you would finish by drawing hands on the clock to the right.



Finish (Two Patients)

Do Your Figuring Here:

Giving Decubitus Care

Written Evaluation

Match the terms in Column A with definitions in Column B.

Column A

1.____Bedfast

2.____Air mattress

3.____Decubitus ulcer

4.____Bed cradle

Column B

a. Metal frame used to keep weight of bed clothing off a bony part

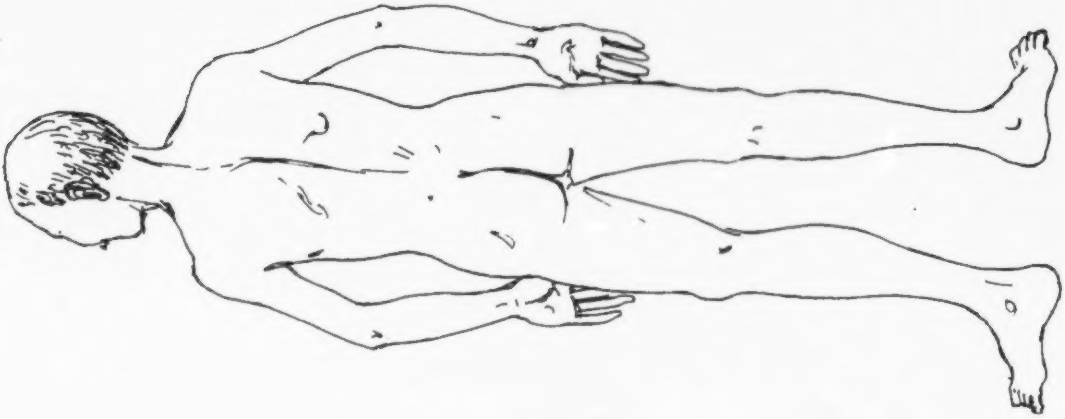
b. Sores that develop as a result of skin breakdown

c. Inflatable mattress

d. Being unable to get out of bed

e. Looks and feels like skin of the sheep that is placed on the bed

5. On the patient below, put an "X" on the most common areas where a decubitus ulcer might form.



6. Signs of a forming decubitus ulcer are:

   a. Sores that will not heal.
   b. Tender, warm, and reddened area.
   c. Black spots found on the back.
   d. Blisters that are filled with pus.

7. Decubitus ulcers most often occur:

   a. In the stomach.
   b. In the mouth.
   c. Over well padded parts of the body.
   d. Over the bony areas of the body.

8. Ways to prevent decubitus ulcers from forming are:

   a. Frequently turn a bedfast patient to avoid skin irritation.
   b. Keep the patient clean and dry.
   c. Gently massage around reddened areas.
   d. All of the above.

Giving Decubitus Care

Evaluation

________________________has successfully performed the following steps of procedure.
(Student)

Giving Decubitus Care		Yes	No	Comments
1.	Wash hands.			
2.	Assemble equipment and place on overbed table.			
3.	Take wash basin into bathroom and fill about two-thirds full with warm water.			
4.	Place wash basin on overbed table.			
5.	Identify and greet patient. Identify self.			
6.	Explain to the patient what you are going to do. Check turning schedule.			
7.	Pull curtain to provice privacy.			
8.	Locate reddened area. **NOTE:** Expose only the reddened area.			
9.	Check reddened area for break in skin or drainage. If drainage is present, gloves must be worn. Report to supervisor.			
10.	Wet washcloth and wrap it around your hand like a glove.			
11.	Rub soap on washcloth.			
12.	Wash skin area gently with soap and water.			
13.	Rinse washcloth and rinse area.			
14.	Wrap a corner of the towel around your hand and gently pat the area dry.			
15.	Apply warmed lotion to skin around reddened area.			
16.	Tighten linen on bed and turn patient to side listed on turning schedule.			
17.	Apply heel or elbow protectors, sheepskin, or egg crate mattress as needed.			
18.	Clean and return equipment and supplies to their proper locations.			
19.	Remove gloves if worn.			
20.	Wash your hands.			

Giving Decubitus Care Cont.		Yes	No	
21.	Record observations made, care given, time given and position in which patient was placed.			
22.	Report anything unusual to the charge nurse.			

Student's Signature/Date

Instructor's Signature/Date

180

Using Basic Math Skills

Unit Objective

After completing this unit, you should be able to use basic math skills to correctly measure and record vital signs, record intake and output, and measure height and weight of patients.

Specific Objectives

After completing this unit, you should be able to:

A. Match terms located in this unit with the correct definition.

B. Measure liquid in cubic centimeters.

C. Measure water temperature with a bath thermometer.

D. Read and record temperature with an oral thermometer.

E. Use a clock when counting pulse and respirations.

F. Read blood pressure gauges.

G. Read a rule to 1/4 inch and convert inches to feet.

Introduction

As a health care assistant, you will have to use basic math skills every day. You will read and record patients' temperature, pulse, and respirations (TPR), measure and record intake & output, and measure height and weight of patients.

This unit will go through some of the basic skills you will encounter each day and show you how math skills are needed to do your job correctly.

A. Terms

Vital Signs (VS) - a patient's temperature, pulse, respirations, and blood pressure

Blood Pressure (BP) - force of blood against the walls of blood vessels due to the pumping action of the heart

TPR - Temperature, Pulse, and Respirations

Intake & Output (I & O) - record of liquids a patient takes and discharges during a certain period of time (usually 24 hours)

Centigrade (C) - metric (Celsius) scale for measuring temperature

Cubic centimeter (cc) - amount of metric measurement for volume

Fahrenheit (F) - scale for measuring temperature

B. Steps of Procedure for Measuring Liquid in Cubic Centimeters (cc)

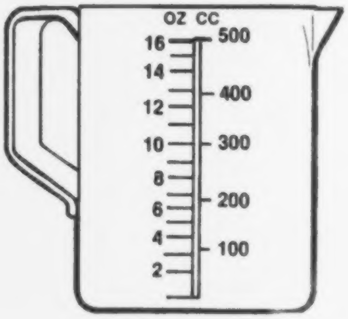
In most health care facilities, intake and output for patients is measured in cubic centimeters. Cubic centimeters is often abbreviated as "cc." For this reason, it is important for you to read and understand cubic centimeter (cc) measurements.

Most containers will have the measurements marked on them. These include the graduate, measuring cup, baby bottle, and catheter container. Look at these containers and study the measurements on them. Most will have both cubic centimeters (cc) and ounce (oz) measurements marked. Practice reading these measurements.

It is important to the health of the patient that you observe and record fluid amounts accurately. This section will show you how to work with cubic centimeter measurements so that you can record them accurately.

1. Obtain a 16 ounce (480 cc) measuring cup or graduate marked with cubic centimeter and ounce measurements.
2. Note the comparisons of the two sets of measurements.

NOTE: One ounce is equal to 30 cubic centimeters.



3. Practice filling the container with specific amounts. You can use these amounts: 70 cc, 500 cc, 12 oz, and 4 oz.

NOTE: To convert ounces to centimeters multiply the number of ounces by 30.
To convert cubic centimeters and ounces, divide the number of ounces by 30.

4. Practice filling and removing certain amounts until you can do it accurately.

Do Skill Sheet 1

Common Liquid Measurements With Metric Equivalents

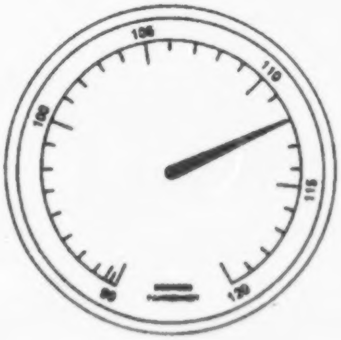
1 Teaspoon	-	5 cc
1 Ounce	-	30 cc
(Cup of Coffee)		
8 Ounces	-	240 cc
(Glass of Milk)		
8 Ounces	-	240 cc
(Can of Soda)		
12 Ounces	-	360 cc
1 Pint	-	500 cc
1 Quart	-	1000 cc
1 Gallon	-	4000 cc

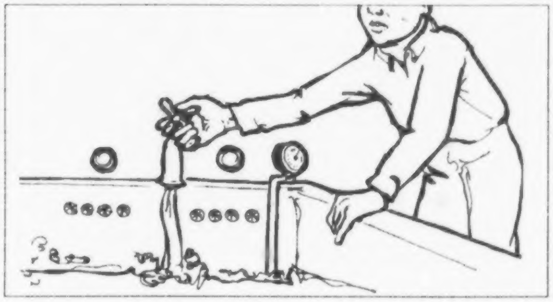
C. Steps of Procedure for Measuring Water Temperature with a Bath Thermometer

Reading whirlpool or bathwater temperature is very similar to reading a patient's temperature. In fact, about the only difference is the shape of the thermometer gauge and how high the temperature will register on the gauge. Some gauges, however, are shaped like a circle and can be confusing if you are not familiar with them.

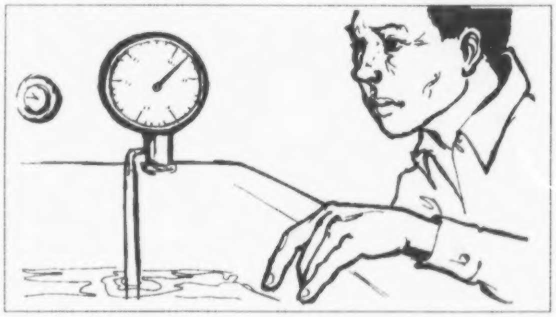
In this section, you will learn to read Fahrenheit gauges and learn what temperature is recommended for bath and whirlpool water.

1. For this exercise, you will need a thermometer and a tub, or a whirlpool or tub with attached thermometer.



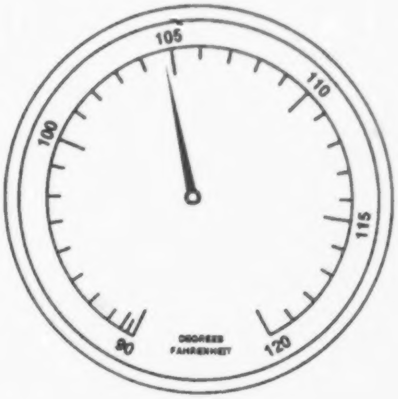


2. Turn on faucets. Adjust water temperature so that it is comfortable on your wrist. When the tub is 1/3 full, turn off the water.



3. When 1/3 full, observe the dial on the gauge or mercury in the thermometer.
4. Hold the thermometer at eye level or position yourself so that you can get an accurate reading.
5. Read the thermometer to the nearest degree.

NOTE: If indicator is not directly on a line, measure to the next higher line.



6. Note the temperature. It should be 105°F.
7. Add water until tub is 1/2 full.

NOTE: If too hot, add cold water. If too cold, add hot water.

8. Check temperature again. Adjust until it is 105°F.

Do Skill Sheet 2

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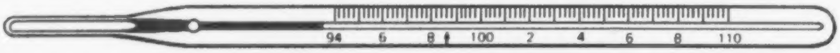
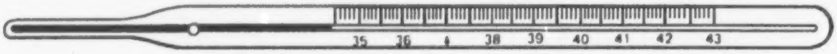
D. Steps of Procedure for Reading and Recording Temperature with an Oral Thermometer

As you have seen, there are different types of thermometers: the oral, rectal, bath, or whirlpool. Regardless of their shape, they all do the same thing - take temperature. It is important for you to know whether it is a Fahrenheit (F) or Centigrade (C) thermometer. The degrees read basically the same, but the numbering system is quite different on each and the temperature reading you record will be quite different.



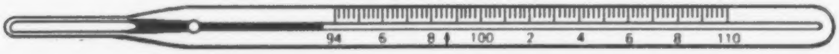
Fahrenheit (F) Thermometer



Centigrade (C) Thermometer

Taking a patient's temperature serves no purpose unless you can correctly record that temperature. Sometimes getting a correct temperature can be difficult because the mercury may be hard to see or you may get confused by the lines on the thermometer. This section looks at reading Fahrenheit and Centigrade thermometers and gives you some practice at reading thermometers. Practice reading thermometers as often as possible so you can do it quickly and accurately.

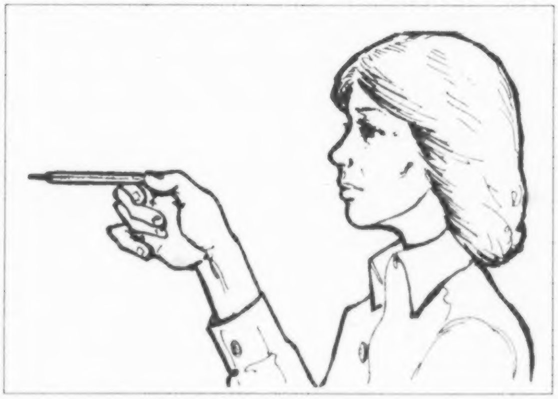
1. For this exercise you will need a thermometer (Centigrade or Fahrenheit).



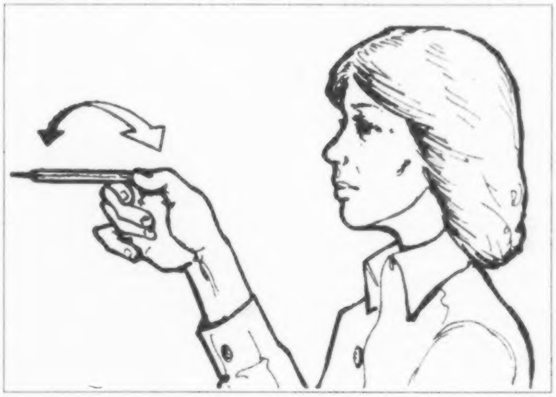
2. Use correct steps of procedure for taking a patient's temperature. Finish by removing the thermometer by its stem.

3. Bring thermometer to eye level.

NOTE: Be sure you have good lighting. The thermometer will be easier to read if the light is behind you.



4. Rotate the thermometer back and forth slowly until the mercury (or silver) line can be seen. Be sure the long and short lines showing the degrees can be seen at the same time.

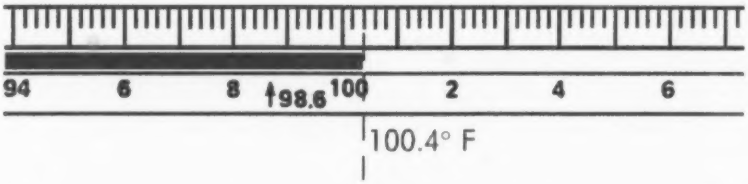


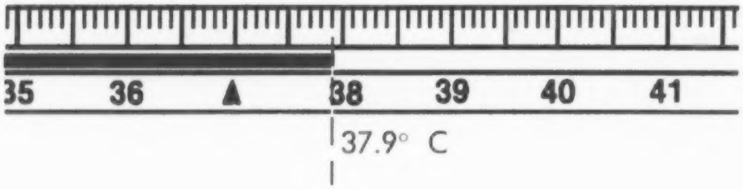
NOTE: Most thermometers have a special marking such as a longer line or arrow to show the normal temperature of 98.6°F or 37°C.

REMEMBER: The average normal temperature for an elderly adult is 96.8°F or 36°C and may be as low as 95.0°F or 35°C.

5. Read the thermometer to the nearest degree (long line) and tenth of a degree (short line).

NOTE: Remember, each long line measures one full degree. On a Fahrenheit scale, each short line represents 2/10 (.2) of a degree. On a Centigrade scale, each short line represents 1/10 (.1) or 2/10 (.2) of a degree depending on the type of thermometer.





6. Record the temperature.

NOTE: Accuracy is very important. Check and double check the reading when taking temperature.

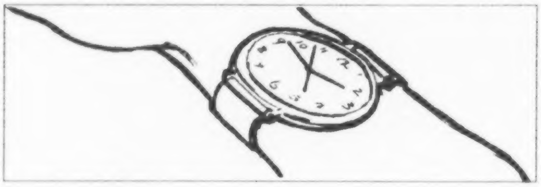
Do Skill Sheet 3

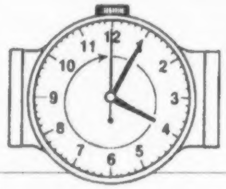
E. Steps of Procedure for Using a Clock to Count Pulse and Respirations

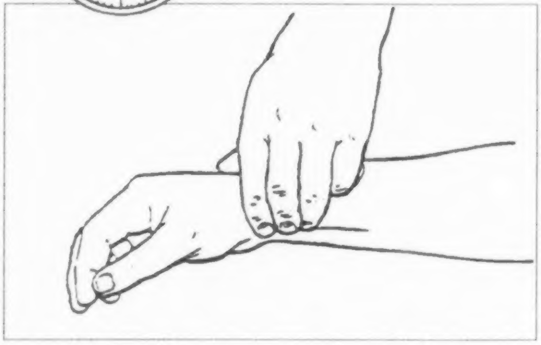
To check patients' pulse and respirations, you must be able to count their pulse or respirations and also observe the second hand on your watch at the same time. For this purpose, you must have a watch or clock with a second hand and be able to note one complete revolution (one minute or 60 seconds) of the second hand. This section will go over the basics of time and how to count a patient's pulse and respirations.

Pulse measures how fast the heart is beating. This is a simple method of checking how the circulatory system is working. The average pulse rate for an adult is 72 beats per minute. It will be higher for children. The average range for an elderly adult is between 50 - 100 beats per minute.

Respiration is inhaling and exhaling oxygen. One respiration includes breathing in, then out one time. Count respirations without patients knowing what you are doing so that their breathing will be natural. Adults normally breathe an average of 14 to 20 times per minute.







1. Locate or use a clock or watch with a second hand.
2. Select a number on the face and watch as the second hand makes a complete revolution back to that number. This complete revolution is 60 seconds (one minute).

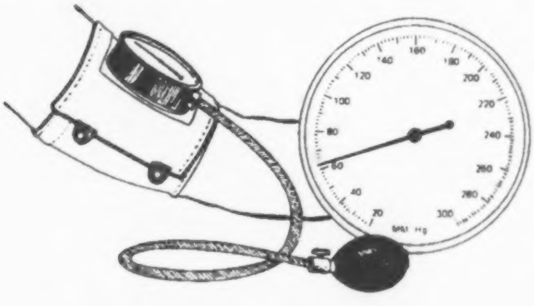
NOTE: Pulse and respirations are counted for one complete revolution of the second hand which is one minute.

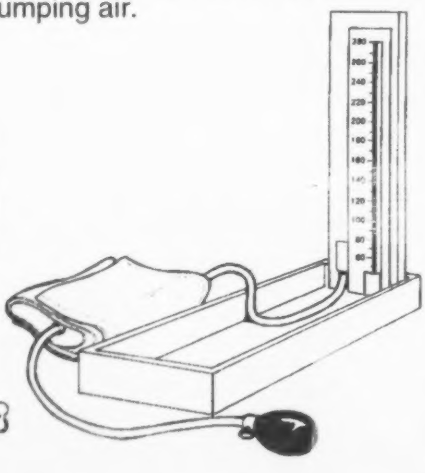
3. Count someone's pulse while you watch the second hand make one revolution. Practice on different people.
4. Count someone's respirations while you watch the second hand for 60 seconds. Practice on different people.

Do Skill Sheet 4

F. Steps of Procedure for Reading Blood Pressure Gauges

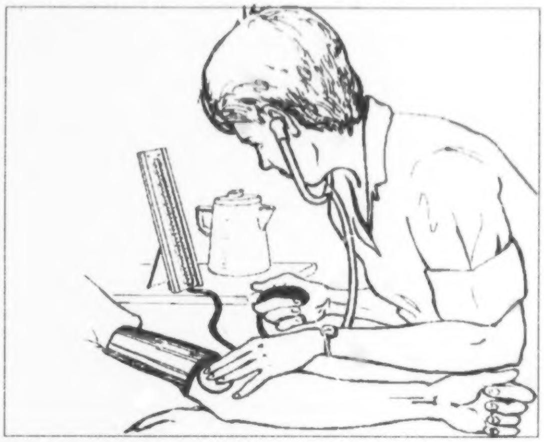
There are two types of blood pressure gauges that you must know how to read: the aneroid gauge and the mercury gauge. The aneroid blood pressure gauge is a circular gauge or dial. The mercury type gauge looks like a thermometer. The numbering system is the same on each gauge and the short lines on each read as two units. Both have an inflatable cuff with a rubber bulb for pumping air.





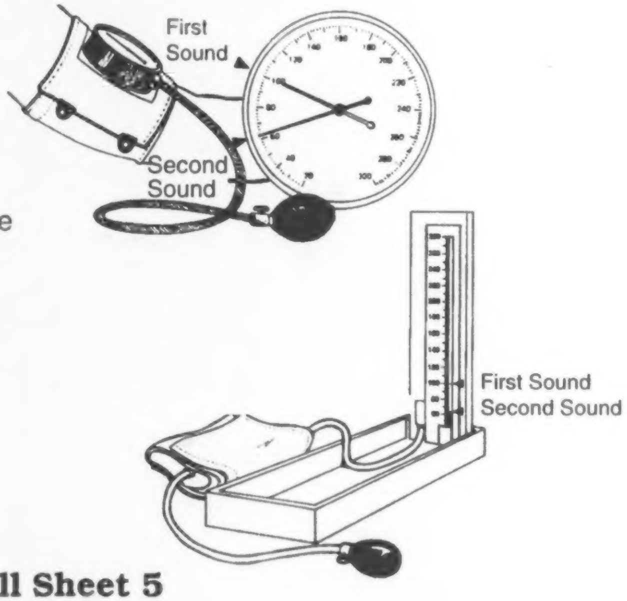
When you use the mercury type gauge, you will watch the level of mercury on a measuring scale. When you use the aneroid (dial) type gauge, you will watch the pointer on the dial.

The first clear sound you hear when releasing the pressure is the systolic pressure. When the sound stops or changes, that is the diastolic pressure. The numbers shown at these two points are what you want to record. Write the blood pressure with the systolic number over the diastolic number (100/80).



1. Perform the correct procedure for recording blood pressure.
2. Have the gauge at eye-level and close enough for an accurate reading.
3. Slowly, open the valve to allow the air to escape.
4. Note the number when the systolic (first sound) pressure is recorded.
5. Note the number when the diastolic (second sound or no sound) pressure is recorded.

NOTE: Each shorter line between the numbers is read as two units.

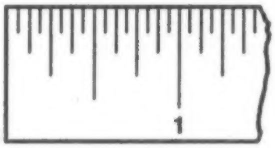


Do Skill Sheet 5

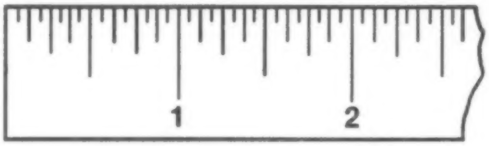
G. Steps of Procedure for Reading a Rule and Converting Inches to Feet

At times you will have to measure the height of patients with a measuring rod or tape measure. Regardless of which you use, the important thing is to know how to correctly read the measurement. Reading a rule is very much like reading thermometers, clocks, and blood pressure gauges - you must know the value of the lines between the numbers and be able to add those to get the correct number.

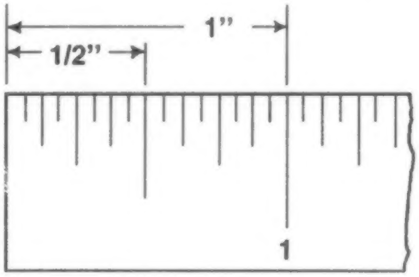
1. Obtain a measuring rod or tape measure.



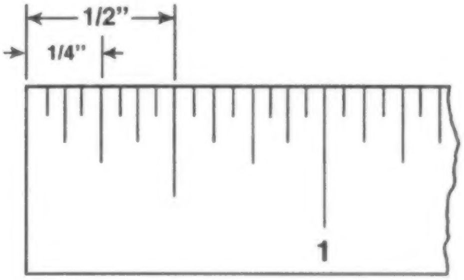
2. Look at the set of lines between the numbers. An inch is usually divided into 16 equal parts. 12 inches equal 1 foot, and 3 feet equal 1 yard. The average patient will be between 5 feet and 6 feet tall.



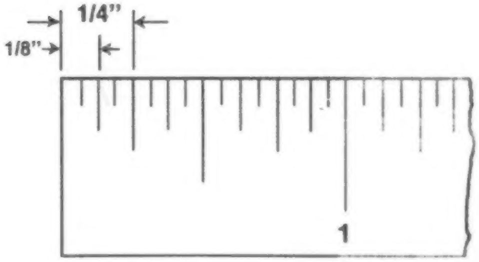
3. An inch can also be separated into other divisions. The largest equal division of one inch is 1/2 inch.



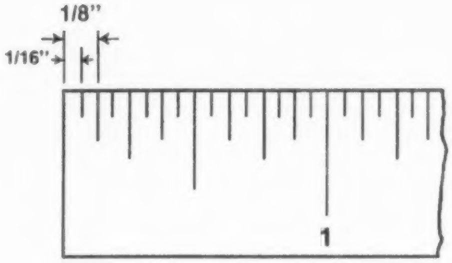
4. Half of 1/2 inch is 1/4 inch.



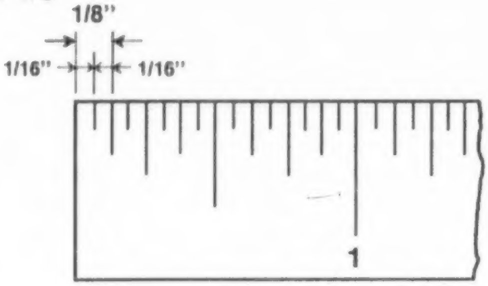
5. Half of 1/4 inch is 1/8 inch.



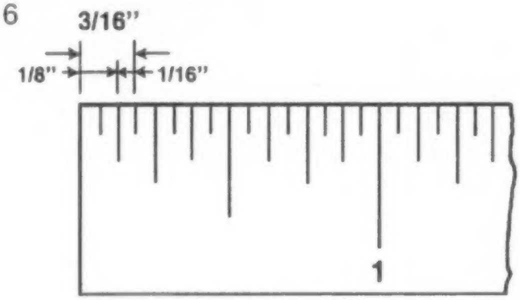
6. And half of 1/8 inch is 1/16 inch.



7. You must learn to add like fractions to get precise measurements. For instance: 1/16 plus 1/16 equals 2/16 or 1/8
1/8 plus 1/8 equals 2/8 or 1/4
1/4 plus 1/4 equals 2/4 or 1/2
1/2 plus 1/2 equals 2/2 or 1



8. And you must be able to add unlike fractions. For instance:
1/16 plus 1/8 (1/16 plus 2/16) equals 3/16
1/8 plus 1/4 or (1/8 plus 2/8) equals 3/8
1/4 plus 1/2 or (1/4 plus 2/4) equals 3/4



Do you get the picture?

9. Now, let's look at turning inches into feet. Suppose you measured a patient who was 66 inches tall. Since we know 12 inches equal one foot, we can divide the total number of inches by 12 to determine height in feet and inches.

5 FT. 6 IN.
12 IN. / 66 IN. (HEIGHT OF RESIDENT)
(ONE FOOT) 60 (5x12 - 60)
6 IN.

10. Once you know the measurements, the rest is just basic math.

Try this one:

FT. IN.

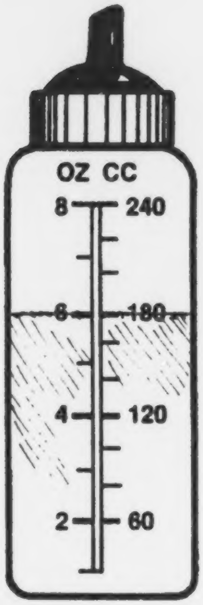
$\overline{)\,72^{\text{IN}}}$

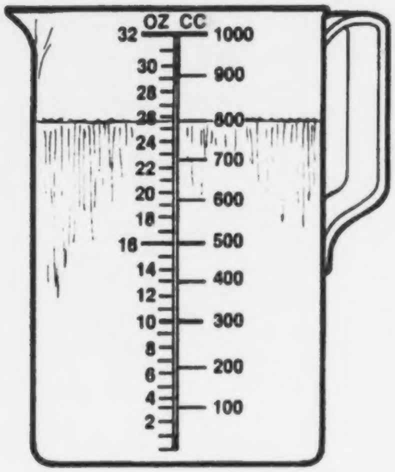
Do Skill Sheet 6

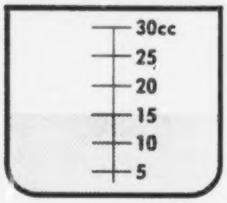
Reading Containers Accurately

Skill Sheet 1

Directions: Write the amount of liquid showing in each of the following containers on the blank line. Write your answers in cubic centimeter (cc) measurements.


OZ CC
8 240
6 180
4 120
2 60

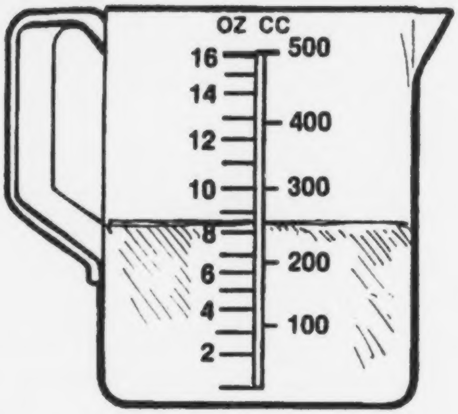

OZ CC
32 1000
30 900
28
26 800
24 700
22
20 600
18
16 500
14 400
12
10 300
8
6 200
4 100
2

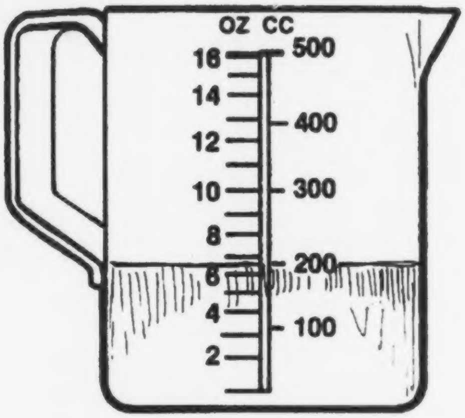

30cc
25
20
15
10
5

1. ____________

2. ____________

3. ____________

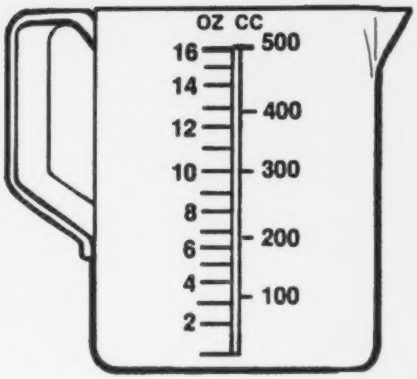

OZ CC
16 500
14
12 400
10 300
8
6 200
4 100
2


OZ CC
16 500
14
12 400
10 300
8
6 200
4 100
2

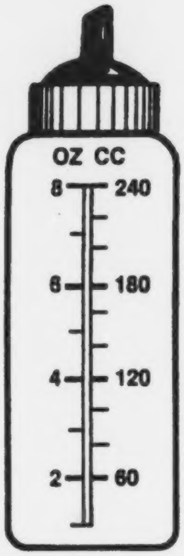
4. ____________

5. ____________

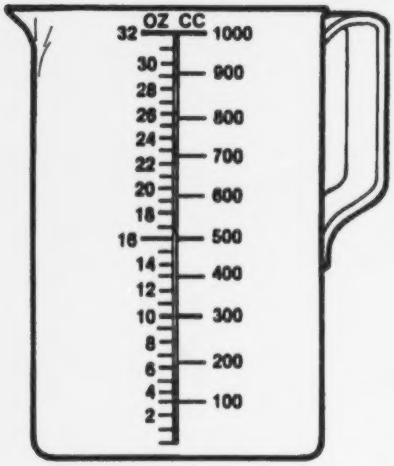
Directions: Draw a line in each container to show the measurement listed beside each of the containers.


OZ CC
16
14
12
10
8
6
4
2
500
400
300
200
100

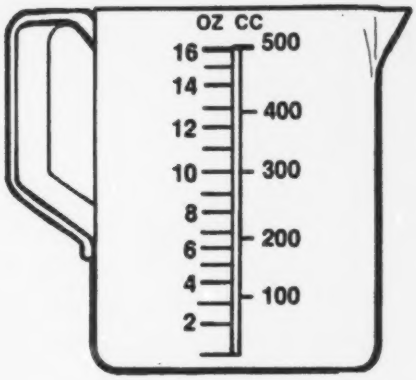
6. 300 cc


OZ CC
8
6
4
2
240
180
120
60

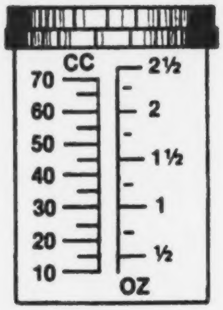
7. 180 cc


OZ CC
32
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
1000
900
800
700
600
500
400
300
200
100

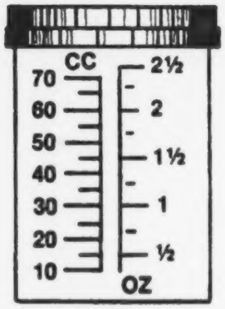
8. 12 oz.


OZ CC
16
14
12
10
8
6
4
2
500
400
300
200
100

9. 140 cc


CC
70
60
50
40
30
20
10
2½
2
1½
1
½
OZ

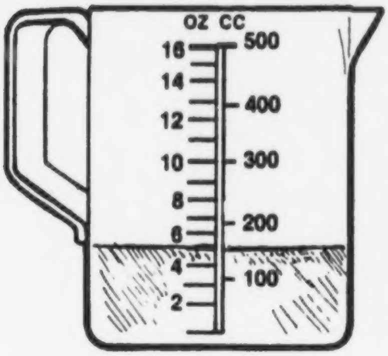
10. 2 oz.


CC
70
60
50
40
30
20
10
2½
2
1½
1
½
OZ

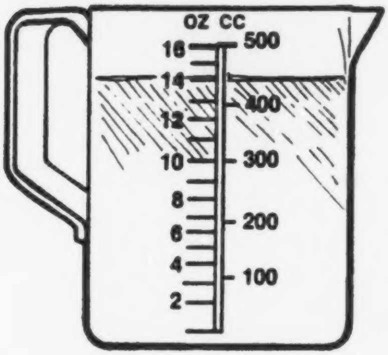
11. 35 cc

Skill Sheet 1 Cont.

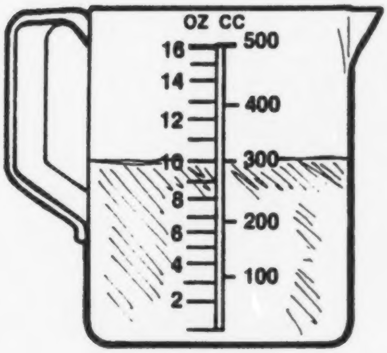
Directions: Look at the lines marked on the container and write the amount that it shows in the blank spaces below the container.


OZ CC
16
14
12
10
8
6
4
2
500
400
300
200
100

12. ________________ oz.
________________ cc


OZ CC
16
14
12
10
8
6
4
2
500
400
300
200
100

13. ________________ oz.
________________ cc


OZ CC
16
14
12
10
8
6
4
2
500
400
300
200
100

14. ________________ oz.
________________ cc

15. Mrs. Cappy is limited to 600 cc of liquid today for lunch. Check the box next to the group which is not more than the total amount she can have.

Ice Cream	240 cc	Ice Cream	180 cc	Soup	180 cc
Milk	270 cc	Soup	300 cc	Milk	180 cc
Coffee	180 cc	Milk	270 cc	Ice Cream	120 cc
☐ Total _____ cc		☐ Total _____ cc		☐ Total _____ cc	

16. Intake is the amount of fluid a person takes in during a certain period of time. Fluid given out during that same period is called Output. An imbalance of fluid is when too much fluid is kept or too much is lost. It is very important for a health care assistant to keep a record of intake and output so a doctor can know when the balance of fluids is not right.

Look at the intake and output sheet. Add the amount of intake and output. Look at the total and decide if you should report this amount to your supervisor.

Should you report this?

____ Yes ____ No

Why or Why Not?

FLUID INTAKE & OUTPUT RECORD

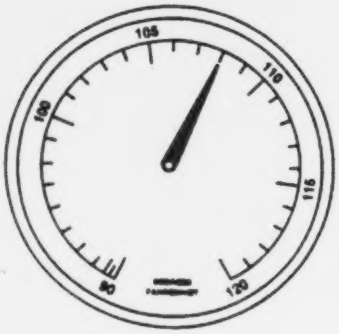
Name MIDDLETON, JOHN JR. Room 255A SOUTH

INTAKE					OUTPUT			
Date	Time	Meth of Admin.	Solution	Amt. Rec'd	Time	Urine Amt.	OTHERS	
							Kind	Amt.
5-11	7:30 am	ORAL	JUICE	90cc	8:00 am	500cc		
	7:30	Oral	MILK COFFEE	120cc 90cc				
	9:30 am	ORAL	WATER	180cc				
	12:00	ORAL	TEA SOUP	120 cc 180cc				
	1:00	ORAL	WATER	90cc	1:15 pm	330cc		
	2:00 pm	ORAL	JUICE	120cc	2:15 pm		VOMITUS	120cc
	[illegible]	ORAL	TEA	90cc				
	5:00 pm	ORAL	JUICE	60cc	5:30 pm	400cc		
	6:30 pm	ORAL	WATER	150cc				
	8:45 pm	ORAL	SODA	150cc	9:00 pm	300cc		
	10:00	ORAL	WATER	60cc	10:15	200cc		
TOTAL					TOTAL			

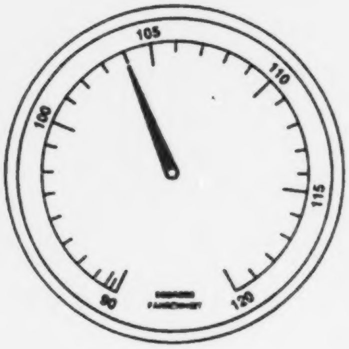
Reading Bath Thermometers

Skill Sheet 2

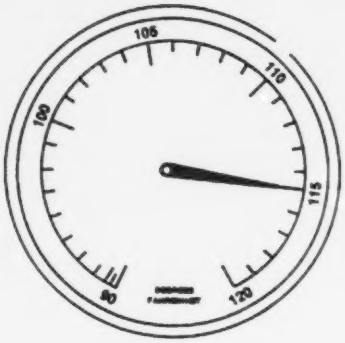
Directions: Read the following thermometers and record the temperatures they show in the space provided.


105
110
100
115
90
120

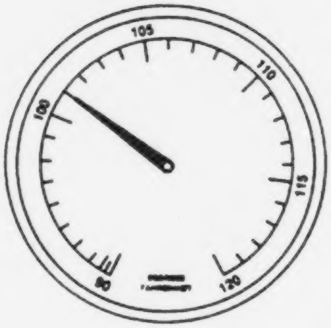
1. ____________________


105
110
100
115
90
120

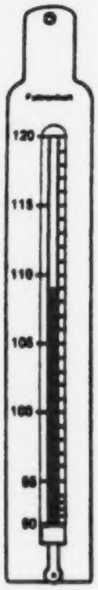
2. ____________________


105
110
100
115
90
120

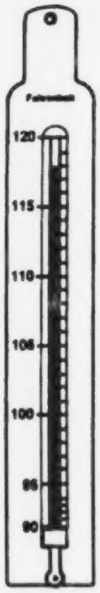
3. ____________________


105
110
100
115
90
120

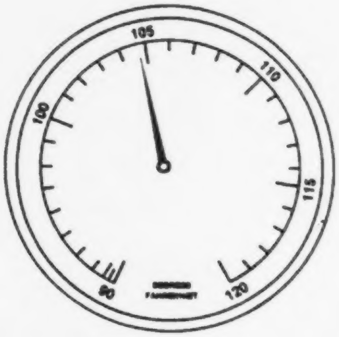
4. ____________________


Fahrenheit
120
115
110
105
100
95
90

5. ____________________

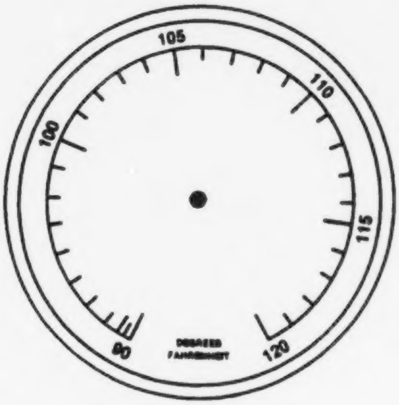

Fahrenheit
120
115
110
105
100
95
90

6. ____________________

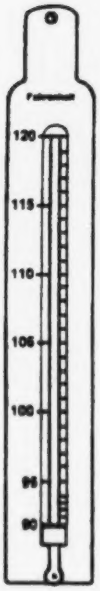

105
110
100
115
90
120

7. ____________________

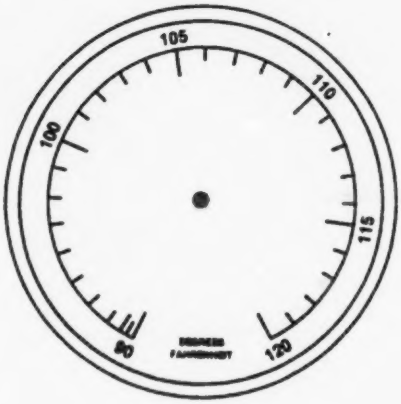
Directions: Use an arrow or line to mark the temperature shown with each of these thermometers.


105
110
100
115
90
DEGREES FAHRENHEIT
120

8. 120° F


Fahrenheit
120
115
110
105
100
95
90

9. 111° F


105
110
100
115
90
DEGREES FAHRENHEIT
120

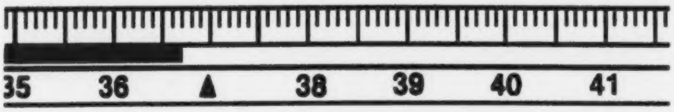
10. 99° F

Reading Oral Thermometers

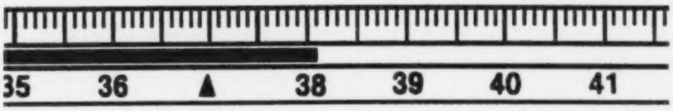
Skill Sheet 3

Directions: Look at each of the following thermometers and write down the temperature it shows in the blank space beside it. Be sure to put Centigrade or Fahrenheit (C or F).

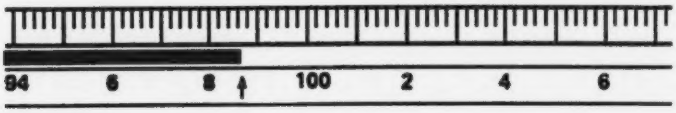
1.____


35
36
▲
38
39
40
41

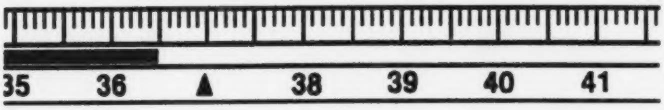
2.____


35
36
▲
38
39
40
41

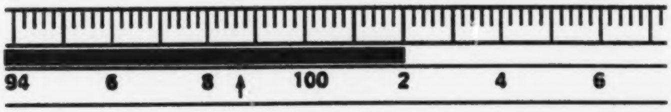
3.____


94
6
8
↑
100
2
4
6

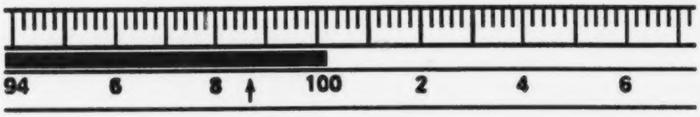
4.____


35
36
▲
38
39
40
41

5.____

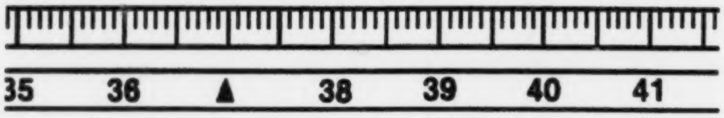

94
6
8
↑
100
2
4
6

6.____

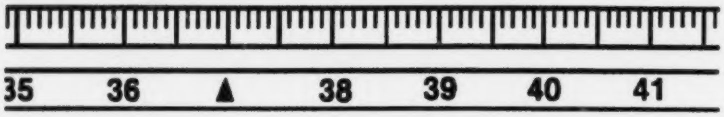

94
6
8
↑
100
2
4
6

Directions: Look at the temperature readings beside each of the thermometers below and use a colored pencil or pen to mark those temperatures on the thermometers.

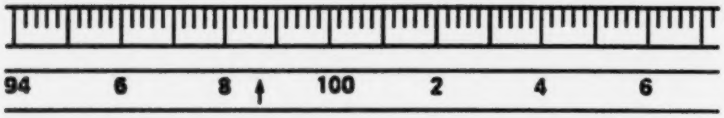
7. 37.6° C


35
36
38
39
40
41

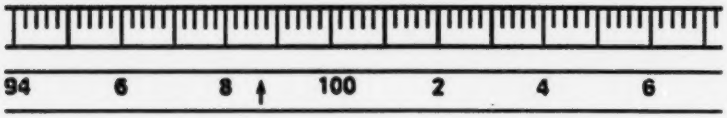
8. 36.2° C


35
36
38
39
40
41

9. 96.8° F


94
6
8
100
2
4
6

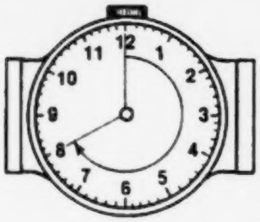
10. 100.6° F

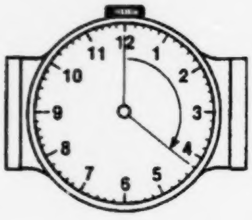

94
6
8
100
2
4
6

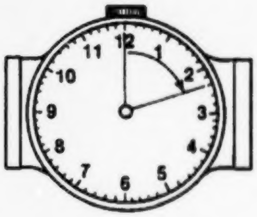
Reading the Second Hand

Skill Sheet 4

Directions: If the second hand started on the 12 each time, how many seconds are showing on the faces below?





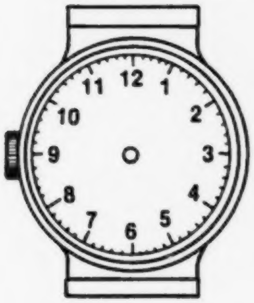


1.__________

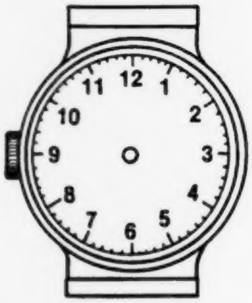
2.__________

3.__________

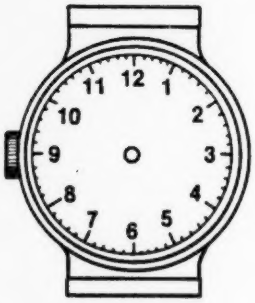
Directions: Look at the time beside each clock below and use a circular arrow to mark where the second hand would stop to show that time. The second hand started at zero.



4. 45 seconds



5. 30 seconds

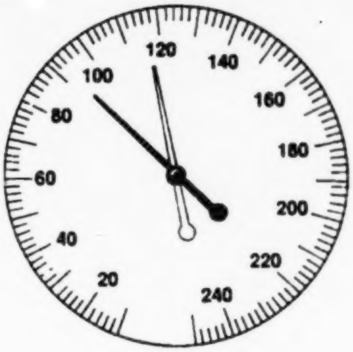


6. 52 seconds

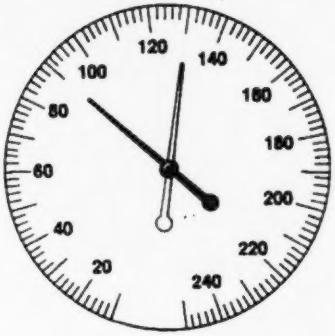
Reading Blood Pressure Gauges

Skill Sheet 5

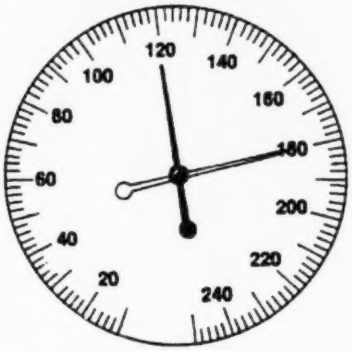
Directions: Write each of the following blood pressure readings in the blank space by the gauge. The open arrow shows when you heard the first sound, systolic reading. The solid black arrow shows when you take the second reading, the diastolic reading.


20
40
60
80
100
120
140
160
180
200
220
240

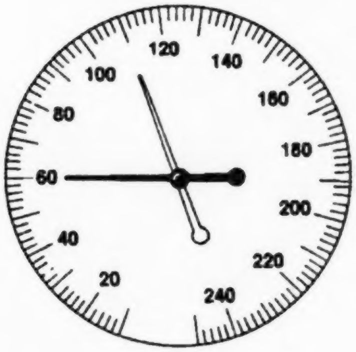
1. ______________


20
40
60
80
100
120
140
160
180
200
220
240

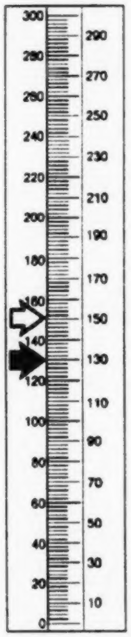
2. ______________

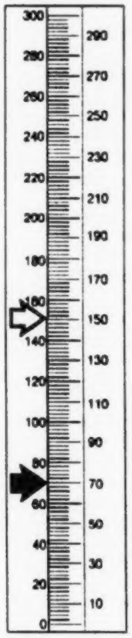

20
40
60
80
100
120
140
160
180
200
220
240

3. ______________


20
40
60
80
100
120
140
160
180
200
220
240

4. ______________


300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0
290
270
250
230
210
190
170
150
130
110
90
70
50
30
10


300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0
290
270
250
230
210
190
170
150
130
110
90
70
50
30
10

5. ______________

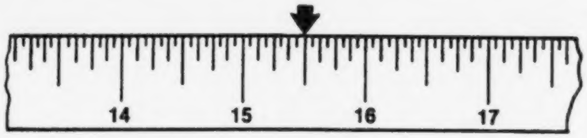
6. ______________

Reading Rules and Writing Measurements

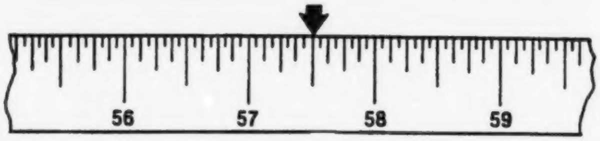
Skill Sheet 6

Directions: Read each of the rules below and write the measurement it shows in the blank space.

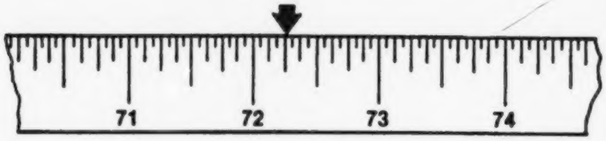
1. ____



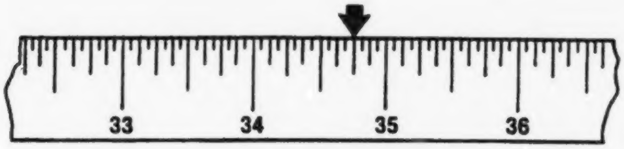
2. ____



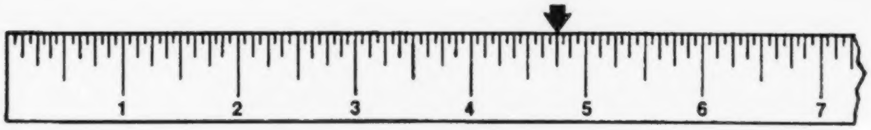
3. ____



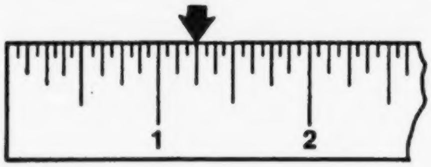
4. ____



5. ____



6. ____



Directions: Divide the numbers below by 12 to find the number of feet and inches in each of the measurements.

7. 60 Inches

8. 62 Inches

9. 72 Inches

10. 58 Inches

Using Basic Math Skills

Written Evaluation

Match the terms in column A with definitions in column B.

Column A

____1. TPR

____2. Blood pressure

____3. Fahrenheit or centigrade

____4. Vital signs

____5. Intake and output

____6. Cubic centimeter

Column B

a. Amount of metric measurement for volume

b. A patient's temperature, pulse, respiration, and blood pressure

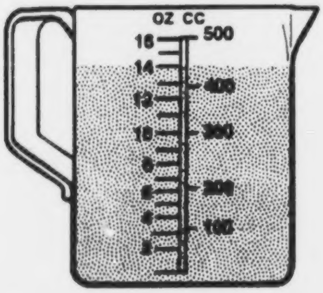
c. Record of liquids a patient takes and discharges during a certain period of time

d. Scale for measuring temperature

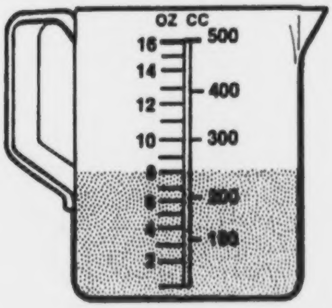
e. Force of blood against the walls of blood vessels due to the pumping action of the heart

f. Temperature, pulse, respirations

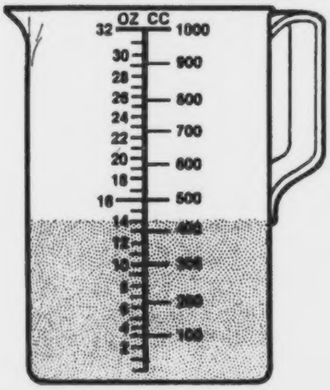
Look at these containers and write down the amounts they show in the space provided


OZ CC
16
14
12
10
8
6
4
2
500
400
300
200
100

7. ____________ OZ


OZ CC
16
14
12
10
8
6
4
2
500
400
300
200
100

8. ____________ OZ
____________cc


OZ CC
32
30
28
26
24
22
20
18
16
14
12
10
8
6
4
2
1000
900
800
700
600
500
400
300
200
100

9. ____________cc

10. Which two above have the same amount: (Put their numbers here.) _____ and _____

11. The normal bathwater temperature is:

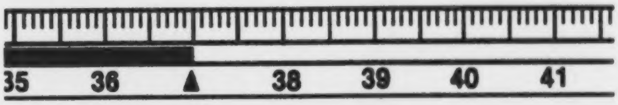
- a. 90°F
- b. 105°F
- c. 120°F
- d. 115°F

12. The average normal temperature for an elderly adult is:

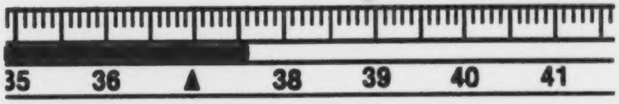
- a. 97.8°F
- b. 98.6°F
- c. 98.8°F
- d. 99°F

What is the temperature reading on each of these thermometers?

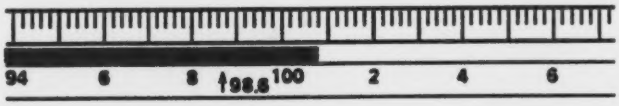
13. ______


35
36
▲
38
39
40
41

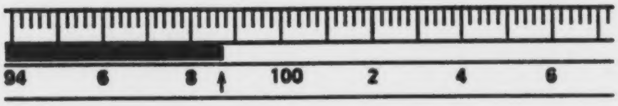
14. ______


35
36
▲
38
39
40
41

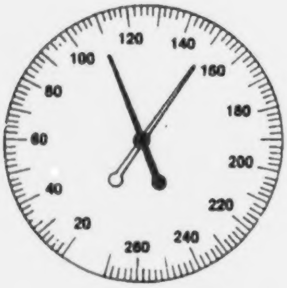
15. ______


94
6
8
98.6
100
2
4
6

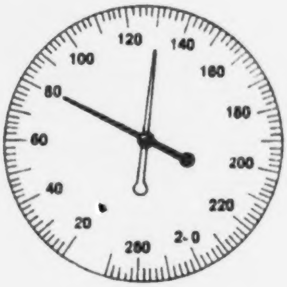
16. ______


94
6
8
100
2
4
6

Write down the following blood pressure readings. The outline arrow is the first sound (systolic) and the solid arrow is when the sound stops or changes (diastolic).

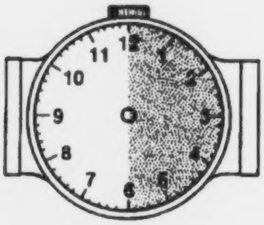

20
40
60
80
100
120
140
160
180
200
220
240
260

17. _____

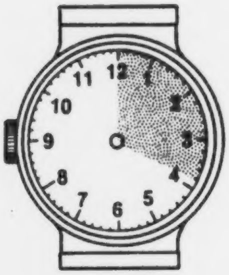

20
40
60
80
100
120
140
160
180
200
220
2-0
260

18. _____

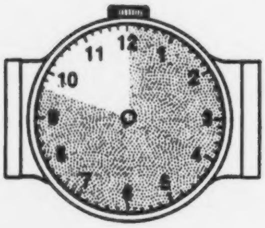
In the blank spaces, write how many seconds the shaded area shows on each of these watches.



19. ____



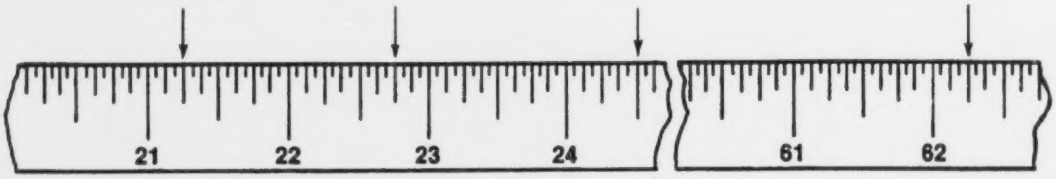
20. ____



21. ____

List the measurements shown on the rule. Put the answer in its correct blank space. List feet and inches.

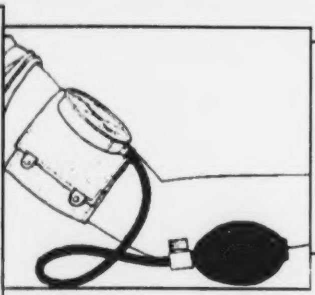
22. ____
23. ____
24. ____
25. ____


21
22
23
24
61
62

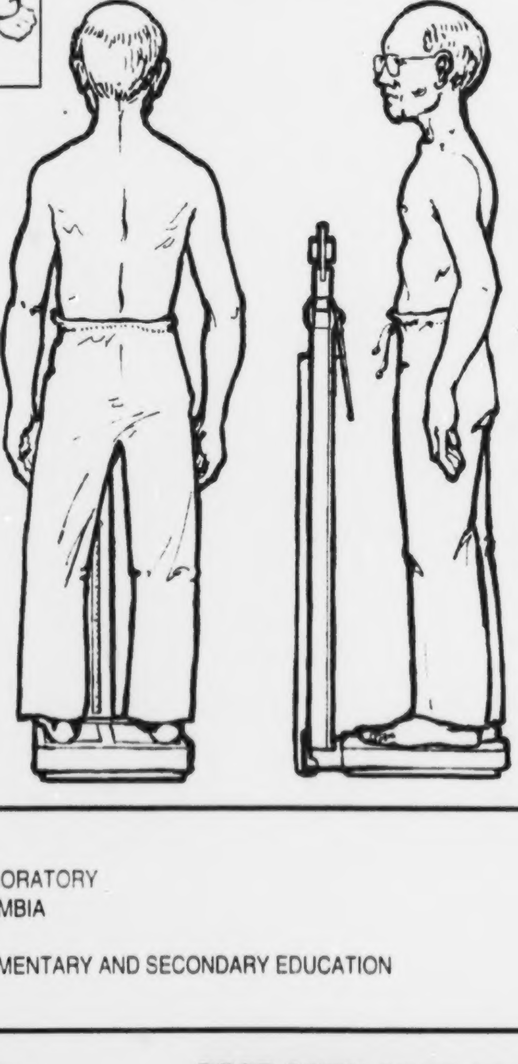
90-5641-I

SKILLS FOR Health Care Assistants

SUPPLEMENTAL UNITS FOR HEALTH CARE AND NURSE ASSISTANTS PROGRAMS



Instructor Key



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UNIVERSITY OF MISSOURI-COLUMBIA
AND
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
JEFFERSON CITY, MISSOURI

BEST COPY AVAILABLE

SKILLS FOR
Health Care Assistants

Supplemental Units for Health Care and Nurse Assistants Programs

Instructor Key

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Work Maturity .... Unit 3

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Being Sensitive to Patient's Needs .... Unit 5

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Giving Perineal Care .... Unit 7

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Using Basic Math Skills .... Unit 13

Skills for Health Care Assistants

Preface

Skills for Health Care Assistants replaces Supplementary Units for Nurse Assistant in a Long-Term Care Facility. The original manual was designed to provide supplementary materials for special needs students enrolled in regular nurse assistant courses. The advisory committee for the 1993 edition recommended that the title be changed since the units could be used to supplement nurse assistant and health services courses. Skills for Health Care Assistants is a curriculum project sponsored by the Missouri Department of Elementary and Secondary Education.

The units are self-paced and contain simplified line drawings, controlled text, vocabulary development, and math practice exercises. For ease of use by students with special needs, the color-coding has been changed to the following:

White:	Objectives, introduction to the unit, content outline, and steps of procedure are white pages.
Pink:	Skill sheets, written evaluations, and practical evaluations are pink pages. They are completed by the student and used by the instructor to evaluate student performance. Different forms of review, including matching, multiple-choice, and short answer exercises, are provided. Practical evaluations are included where appropriate. All pink sheets are to be returned to the instructor.

Instructor's information, located in the front of the book, contains handouts which can be reproduced for additional student practice, activities, answer keys for skill sheets, and answers for written evaluations for each unit.

Skills for Health Care Assistants

General Notes to the Instructor

1. Read through the information in each unit before presenting it to the student.

2. Make sure all equipment to be used in each unit is available.

3. Prepare any handouts, visuals, or supplemental material to aid student learning activities.

4. Distribute the unit to be used.

5. Discuss the introduction and objectives with the student. At this time, you can also discuss the terms in the unit.

6. Select a means to present the Steps of Procedure. (This will depend upon the capabilities of the student.)
    a. Have student study information independently.
    b. Go through the Steps of Procedure individually or as a group.
    c. Go through the material as a group, then have students work independently.

7. Instructor can demonstrate procedures to the student or class.

8. Allow student time to practice the procedure. Individual judgement by the instructor will determine proper amount of time.

9. Have student complete all Skill Sheets for the unit. Skill Sheets are not necessarily to be used as an exam by the instructor, but as a self-evaluation by the student and as points of discussion for the class. Handouts can also be used for more practice.

10. Complete any applicable activities listed in the Activities section of the instructor's guide.

11. When student is ready, use the written and/or practical evaluation to determine student's performance for that unit.

Additional Suggestions

- The following handouts can be reproduced and used by the instructor to provide extra practice for the students.

  HO 1: Liquid Measurements
  HO 2: Intake and Output Record
  HO 3: Gauges and Bath Thermometers
  HO 4: Centigrade and Fahrenheit Thermometers
  HO 5: Counting Seconds
  HO 6: Blood Pressure Gauges
  HO 7: Rulers
  HO 8: Scales

- Try a team approach when possible:
  - Beginning students can work together after instructor's demonstrations.
  - One student experienced with the procedure can work with a beginner.
- For non-readers or ESL students, audio-visuals of the lessons can be prepared.
- Review equipment with students whenever necessary.
- Skill sheets can be used as a pencil and paper exercise or in any way the instructor feels it will help to clarify the material.
- Additional modifications can be made to take care of other disadvantaged/handicapped conditions unique to your situation.

Acknowledgments

Many individuals contributed to the development of Skills for Health Care Assistants. The 1982 edition was called Supplementary Units for Nurse Assistant in a Long-Term Care Facility.

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Lori Holliday, Work Processor III

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Activities, Answers to Skill Sheets, and Answers to Written Evaluations

Unit 1: Self-Esteem

A. Activities

1. Have students list the names of everyone in the class. Beside each name, they should list something they like or admire about the person or something that he/she does well.

2. Ask students, "WHO ARE YOU? What makes you so different from anyone else?" It's an important question. You have to understand yourself before you can let anyone else in on the secret. Work you are doing in this unit helps you find out some details about yourself. This activity will steer you in the direction of thinking about your distinctive qualities.

   Have each student make a collage that tells about him/her. Use the following suggestions for the collage.

   a. Begin with a feature unique to every individual - your fingerprints.

   b. Choose a part of your anatomy you think is distinctive - your hair, nose, eyes, etc.

   c. Find a picture of your favorite food and favorite style of dress.

   d. Write a poem and call it "Me."

   e. Find a picture that symbolizes your responsibility.

   f. What's your favorite color? Show an example of this.

   g. What else is there about you that is special? Think of two words that tell a lot about your personality and write them in large letters.

   h. Find a picture that shows someone doing something that reflects one of your goals, or find an object that represents one of your goals.

B. Answers to Skill Sheets

The skill sheets are for the student's use only. The skill sheets should not be collected or graded, but the instructor should discuss them with the students.

C. Answers to Written Evaluation

1. f
2. c
3. d
4. g
5. a
6. b
7.
8. X
9. X
10.
11. X
12. The instructor needs to determine if the answers are appropriate.

Unit 2: Developing Professional Work Attitudes

A. Activities

1. Team up the class with partners to role-play one of the situations described in the Skill Sheets. (Practice calling in to report absences or tardiness, write down messages for the supervisor, etc. Give and receive constructive criticism.)

2. Give students additional simulations in which they can make decisions and offer criticisms based on situations which might happen.

3. Have students role-play an employer who must deal with an employee who has excessive tardiness, absences, or unprofessional behaviors.

   Have the employer (student) write out a list of behaviors to be corrected and give the employee (the partner) constructive criticism on how to improve these behaviors. Tell the employee what can happen if these behaviors are not corrected.

4. Divide the class into groups, each group should create a situation and decide how to handle it. (These situations can involve problems between peers at work, difficulties between supervisor and employee, or a home problem creating a problem at work.)

B. Answers to Skill Sheets

The instructor needs to determine if answers are appropriate.

C. Answers to Written Evaluation

1. c
2. d
3. e
4. a
5. f
6. b
7. a
8. c
9. a. patients
   b. co-workers
   c. the facility
   d. yourself
10. absenteeism
11. tardiness
12. d
13. b
14. c

Unit 3: Work Maturity

A. Activities

1. Divide the class into 2 partner teams. Each team should take a turn role-playing:
    - How to be kind and courteous.
    - How a dependable person would act if he or she was going to be late or tardy for work.
    - How to greet co-workers when you arrive for work.
    - How to be cooperative with others.
    - You are asked to take a medication to a patient. What would you do?
    - Identify a situation where you may need assistance from a co-worker. Ask the co-worker to help you.

2. Divide the class into groups. Each group should create a situation that would require the health care assistant to keep information confidential.

3. Discuss "honesty" with the class.

4. Have students make a list of their personal hygiene habits. Students should determine if any habits need improvement. Have them list steps they will take to improve their personal hygiene.

B. Answers to Skill Sheets

The students should discuss their answers with the instructor.

C. Answers to Written Evaluation

1. c
2. e
3. d
4. f
5. a
6. d
7. f
8. e
9. a
10. b
11. c
12. d
13. May be any three of the following:
    a. Asked to give a medication
    b. Insert or remove a tube from body opening
    c. Take telephone or oral orders from a physician
    d. Perform sterile technique procedures
    e. Tell the patient or their family the diagnosis or treatment plan

Unit 4: Organizing Your Work

A. Activities

1. Discuss how procrastination, wasting time, and being late for work effect the patients, the charge nurse, the health care assistant's work plan, and his/her relations with co-workers.

2. Have students make a list of how they organize their time when they get home from school (change clothes, fix dinner, eat, do homework, watch TV, prepare for bed, etc.). How is this like organizing the daily patient care at a long-term care facility? Is there always have enough time to do everything that is planned?

B. Answers to Skill Sheets

1. Skill Sheet 1
   2, 4, and 6 are correct.

2. Skill Sheet 2
   Group 1 can be done before breakfast.

C. Answers to Written Evaluation

1. b
2. e
3. a
4. c
5. d
6. d
7. c
8. b
9. a
10. Offer urinal/bedpan or assist patient to bathroom.
    Change soiled linen.
    Answer a patient's signal call.
11. d
12. a

Unit 5: Being Sensitive to An Aging Patient's Needs

A. Activities

1. Divide the class to perform each of the following tasks. One person in each pair should pretend to be the health care assistant and the other should be the patient. When all the activities have been done, have students switch roles.

   a. Assume that a patient has skin that is very dry and itchy. Wash this skin, dry it, and apply lotion.

   b. Assist a patient who has decreased vision to the bathroom and back. (The patient should wear glasses or sunglasses smeared with Vaseline or oil to simulate poor vision.)

   c. Give instructions on how to use a walker to a patient with hearing problems. (The patient should put earplugs in his/her ears and have loud noises in the background to simulate impaired hearing.)

B. Answers to Skill Sheet 1

The following activities should be underlined:

- patients dropped by to visit and play board games
- fed her three balanced meals
- exercises daily
- got a hearing aid

C. Answers to Written Evaluation

1. e
2. d
3. b
4. a
5. c
6. e, b
7. a, c
8. f, g
9. d, h
10. b
11. a, d
12. f
13. c, e
14. c, f
15. e, i
16. d, j
17. b, g
18. a, h
19. c

Unit 6: Infection Control

A. Activities

1. Have students identify items in the classroom that may have microorganisms on them.

2. Divide the class into five groups. Each group should discuss the following:

   - Why hands are washed and new gloves put on before giving care to another patient.

   - Discuss situations where the health care assistant may come in contact with moist body substances.

   - Discuss the proper response if a patient asks you why you are wearing gloves to give certain procedures.

3. Have students observe other health care workers washing their hands and gloving. Students should report their observations to the class.

4. The instructor may assign students to review 16 and 17 in text, Nurse Assistant in a Long-Term Care Facility.

B. Answers to Skill Sheet

Situation 1:
Underline: Suitcase, bedpan, dish of half-eaten pudding

Situation 2:
Underline: room is messy, snack tray, urinal, used facial tissues, overbed table, floor

C. Answers to Written Evaluation

1. e
2. d
3. a
4. b
5. c
6. g

7. Any 5 of the following:
    - In the food we eat
    - In the water we drink
    - On animals
    - In animals
    - On our bodies
    - On our clothing
    - In the air we breathe
    - In Human and animal waste
8. Any 5 of the following:
    - By touching and bathing the patient
    - By touching secretions, urine, and feces
    - Coughing
    - Sneezing
    - Talking
    - By touching objects such as soiled linens, clothing, belongings, dishes, supplies,instruments, siderails or faucet handles
    - Dust particles
    - Moisture in the air
    - Contaminated water, blood, food, or drugs
9. c
10. a
11. b
12. b
13. a

Unit 7: Giving Perineal Care

A. Activities

1. Demonstrate the procedure for giving perineal care. Then have students practice giving perineal care.

2. Have students review HO 1, Perineal Area of the Male and Female, in the Nursing Assistant in a Long-Term Facility, Student Reference p. 389.

B. Answers to Skill Sheet

6 Wash perineal area.
10 Report observations to your supervisor.
4 Put disposable bed protector under patient.
8 Cover patient with top linen, remove bed protector and bath blanket.
2 Assemble equipment.
7 Rinse perineal area.
3 Pull curtain.
1 Wash hands and put on gloves.
9 Empty, clean, and put away equipment; wash hands.
5 Cover patient with bath blanket.

C. Answers to Written Evaluation

1. a. To clean the patient
   b. To make the patient more comfortable
   c. To prevent irritation and infection
2. a. During a bath
   b. Before catheter care
   c. When there is an odor in the perineal area
3. c
4. d
5. b
6. a
7. b

Unit 8: Giving Peri Care with a Catheter

A. Activities

1. Demonstrate how to give peri care with a catheter. Have students practice giving peri care with a catheter.

2. Have students review the following handouts in Nursing Assistant in a Long-Term Facility.

    a. HO 17, Male Reproduction System, Student Reference page 143.

    b. HO 18, Female Reproductive System, Student Reference page 144.

    c. HO 1, Catheters, Student Reference page 459.

B. Answers to Skill Sheets

1. Skill Sheet 1
    1. right and left kidneys
    2. urinary bladder
    3. right and left ureters
    4. urethra

2. Skill Sheet 2
    4 disposable bed protector
    8 washcloth
    8 bath towel
    4 cleaning solution

C. Answers to Written Evaluation

1. b
2. f
3. c
4. e
5. a
6. d
7. c
8. a
9. d

Unit 9: Ambulating a Patient

A. Activities

1. Demonstrate how to adjust a gait belt. Have students practice adjusting a gait belt on a classmate.

2. Pair up the students and have them practice each of the ambulating procedures in this unit. Assume that the "patient" (partner) has a weak side. Practice ambulating when the weak side is to be used and when it is not to be used. Remind students that they must walk on the weak side if the patient is to use the weak side.

B. Answers to Skill Sheet 1

1. "X" on 15 ft. line
2. "X" on 30 ft. line
3. 120 feet
4. 60 feet

C. Answers to Written Evaluation

1. d
2. c
3. e
4. b
5. b
6. a
7. d
8. b

Unit 10: Giving Range of Motion Exercises

A. Activity

1. Have students choose a partner and take turns performing each of the Range of Motion exercises. In some exercises, students should pretend to have limited flexibility or contractures.

B. Answers to Skill Sheet 1

1. 90° Angle
   Circular Movement
   Horizontal Movement
2. 21 minutes
   38 minutes

C. Answers to Written Evaluation

1. a
2. d
3. c
4. b
5. d

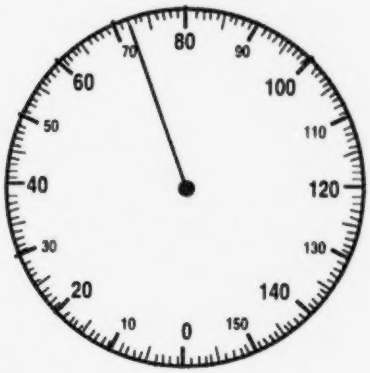
Unit 11: Measuring Height and Weight

A. Activities

1. Have students practice balancing different types of weight scales.
2. Have students practice reading scales.
3. Pair up students and have them practice weighing each other on the different types of scales available in the learning situation. Monitor students' progress.
4. Pair up students and have them practice measuring each other's heights. Then, practice converting that height into feet and inches.

B. Answers to Skill Sheets

1. Skill Sheet 1
   1. 121½ lbs.
   2. 84 lbs.
   3. 87½ lbs.
   4. 111 lbs.
   5.


80
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120
130
140
150
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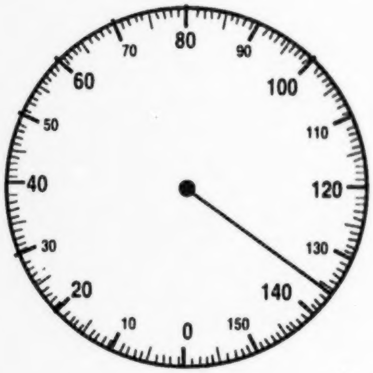
30
40
50
60
70

6.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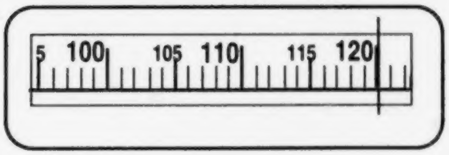
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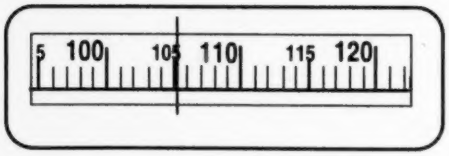
120

8.


5
100
105
110
115
120

2. Skill Sheet 2
    1. 58 lbs.
    2. 228½ lbs.
    3. 279½ lbs.
    4. 140 lbs.
    5. 116½ lbs.
    6. 174¼ lbs.
    7. 57 lbs.
    8. 243 lbs.

3. Skill Sheet 3
    1. 5 ft. 10 inches
    2. 5 ft. 6 inches
    3. 4 ft. 10 inches
    4. 6 ft.

4. Skill Sheet 4
    1. 59 inches
    2. 69¼ inches
    3. 62¾ inches
    4. 63½ inches
    5. 53½ inches
    6. 65 inches

C. Answers to Written Evaluation

1. c
2. b
3. f
4. a
5. d
6. a
7. c
8. b
9. d
10. c
11. c

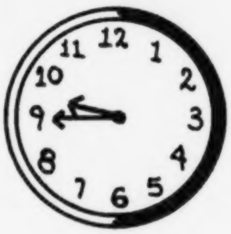
Unit 12: Giving Decubitus Care

A. Activities

1. Choose a partner and give decubitus care to each other.
2. Have students practice applying heel and elbow protectors to other students in the class.
3. Have students review HO 1, Pressure Areas, in Nurse Assistant in a Long Term Care Facility, Student Reference page 649.

B. Answers for Skill Sheet

First patient



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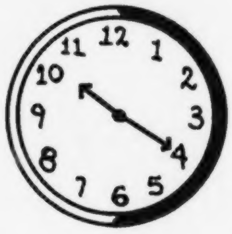
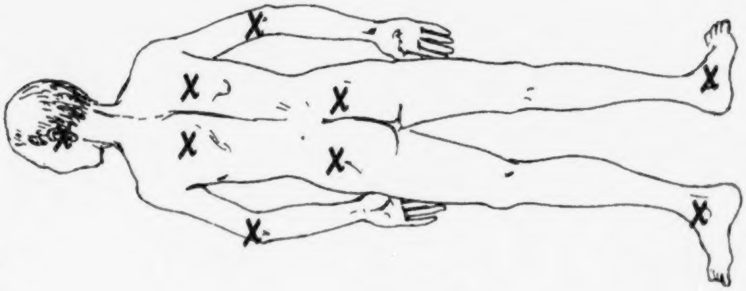
Second patient



10:20

3. Answers to Written Evaluation

1. d
2. c
3. b
4. a
5.



6. b
7. d
8. d

Unit 13: Using Basic Math Skills

A. Activities

1. Have students practice measuring temperature of water with a bath thermometer. Have students adjust the water temperature by adding hot or cold water to read the following temperatures:

   110°F 100°F 115°F

   37°C 32°C 38°C

2. Have students practice taking temperatures using Centigrade (C) and Fahrenheit (F) thermometers. (Some temperatures to read are: their own, classmates, hot water, room temperature water, cold water.)

3. Fill several different containers with liquid. Have students read the measurements and write down the amounts.

4. Obtain both aneroid and mercury blood pressure gauges. Demonstrate taking a blood pressure then have students take the blood pressure readings of at least three classmates. (Students could compare male blood pressure readings to female blood pressure readings, smokers to non-smokers, and the oldest person to the youngest in the class.)

5. Have students measure certain objects and people and record their lengths. Record the lengths in feet and inches.

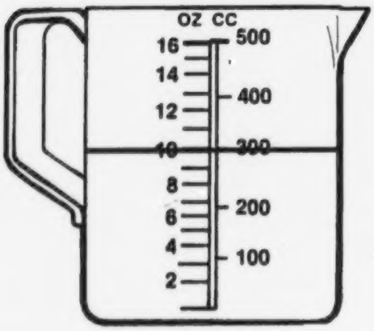
6. Have students choose a partner in the class and count pulse and respirations for that person. Take pulse and respirations for 60 seconds.

7. Have students review the following handouts in the Nurse Assistant in a Long-Term-Care Facility Student Reference.
   a) HO1: Common Thermometers, p. 593.
   b) HO2: Sites for Taking A Pulse, p. 595.
   c) HO3: The Circulatory System - Primary Pulse Points, p. 596.
   d) HO4: Reading a Thermometer, p. 597.
   e) HO5: Reading a Mercury Sphygmomanometer, p. 609.
   f) HO6: Reading an Aneroid Sphygmomanometer, p. 611.

8. Have students review the following procedures in the Nurse Assistant in A Long-Term Care Facility Student Reference.
   a) TPR, p. 583-591.
   b) Blood Pressure, p. 607-608.
   c) Height and Weight, p. 619-620.

B. Answers to Skill Sheets

1. Skill Sheet 1
   1. 180 cc
   2. 800 cc
   3. 15 cc
   4. 250 cc
   5. 200 cc
   6.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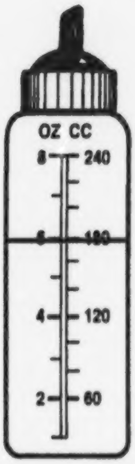
16 14 12 10 8 6 4 2
500 400 300 200 100

7.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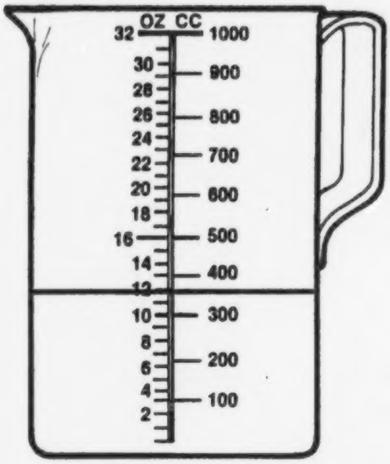
240 180 120 60

8.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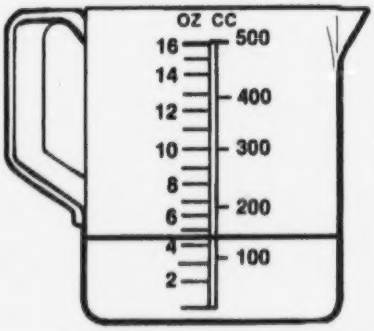
1000 900 800 700 600 500 400 300 200 100

9.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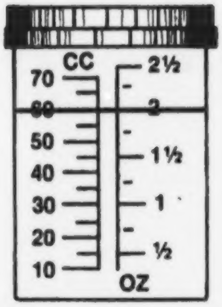
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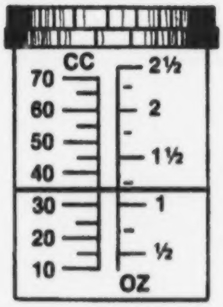
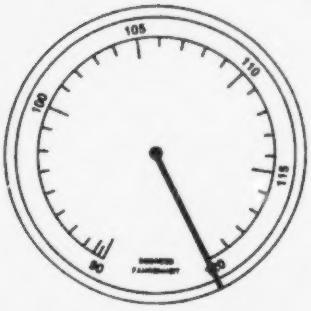
2½ 2 1½ 1 ½
OZ

11.


CC
70 60 50 40 30 20 10
2½ 2 1½ 1 ½
OZ

    12. 5 oz
        150 cc
    13. 14 oz
        420 cc
    14. 10 oz
        300 cc
    15. 3rd box 480 cc
    16. Yes, output is 350 cc more than input.

2. Skill Sheet 2
    1. 108
    2. 104
    3. 115
    4. 101
    5. 109
    6. 118
    7. 105
    8.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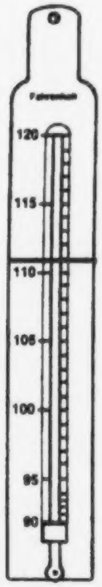
DEGREES FAHRENHEIT
120

9.


Fahrenheit
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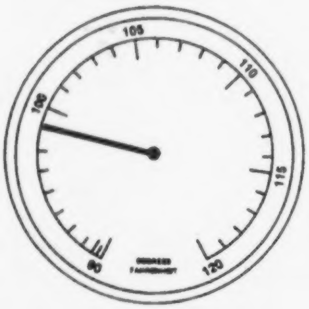
10.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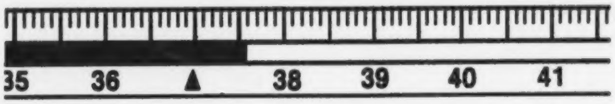
DEGREES FAHRENHEIT
120

3. Skill Sheet 3
    1. 36.7°C
    2. 38.1°C
    3. 98.6°F
    4. 36.5°C
    5. 102°F
    6. 100.2°F

7.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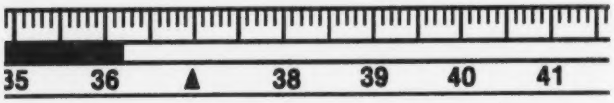
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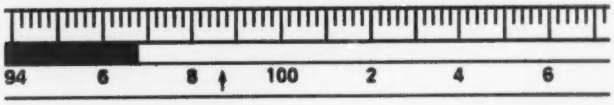
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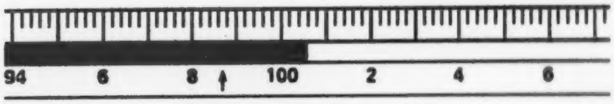
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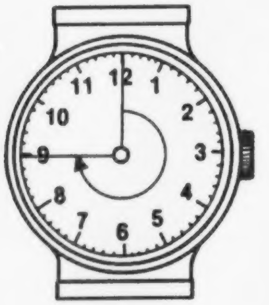
4. Skill Sheet 4
   1. 40
   2. 21
   3. 12
   4.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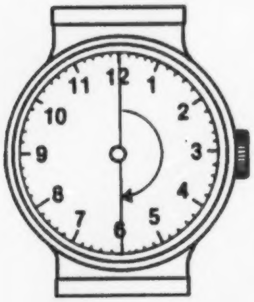
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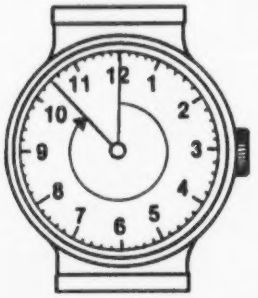
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7
8
9
10
11

5. Skill Sheet 5
   1. 118/94
   2. 130/90
   3. 180/120
   4. 110/60
   5. 150/130
   6. 150/70

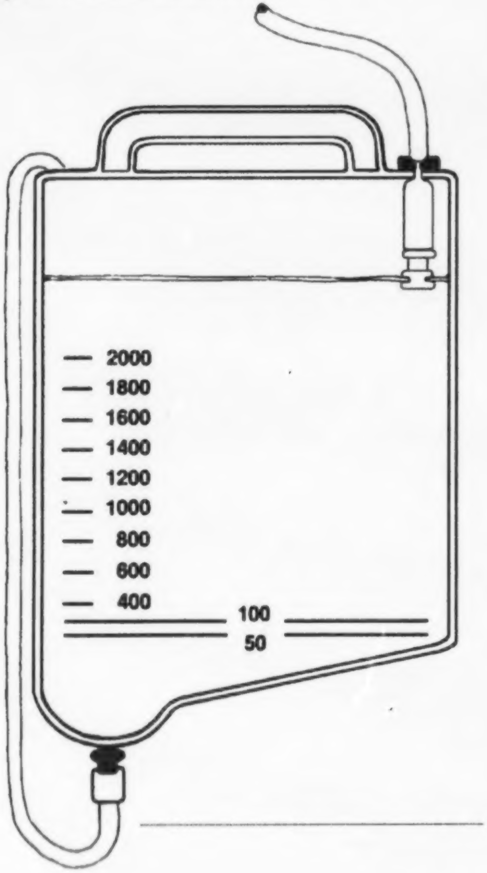
6. Skill Sheet 6
   1. 15½"
   2. 57½"
   3. 72¼"
   4. 34¾"
   5. 4¾"
   6. 1¼"
   7. 5 ft.
   8. 5 ft. 2 in.
   9. 6 ft.
   10. 4 ft. 10 in.

C. Answers to Written Evaluation

1. f
2. e
3. d
4. b
5. c
6. a
7. 14 oz
8. 8 oz, 240 cc
9. 420 oz
10. 7 and 9
11. b
12. a
13. 37°C
14. 37.6°C
15. 100.8°C
16. 98.6°F
17. 150/110
18. 130/80
19. 30
20. 19
21. 48
22. 1 ft. 9 1/4 in.
23. 1 ft. 10 3/4 in.
24. 2 ft. 1/2 in.
25. 5 ft. 2 1/4 in.

Unit 13: Using Basic Math Skills HO 1

Liquid Measurements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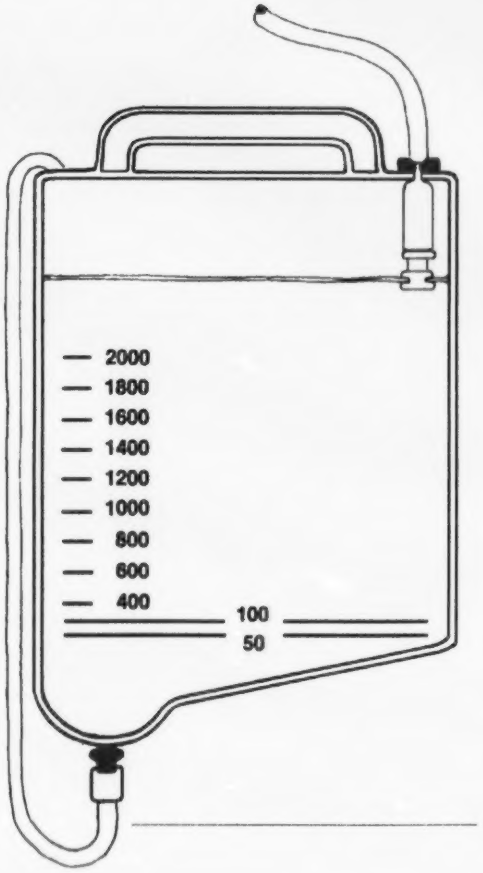
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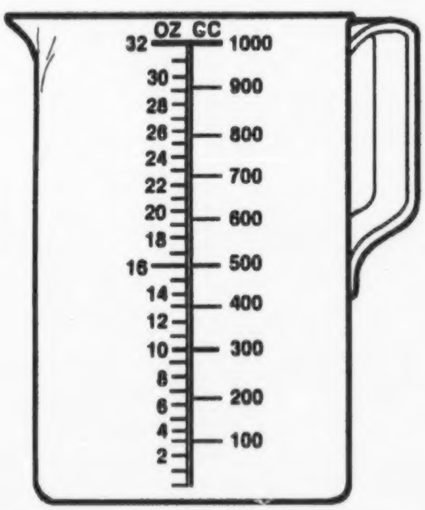
OZ CC
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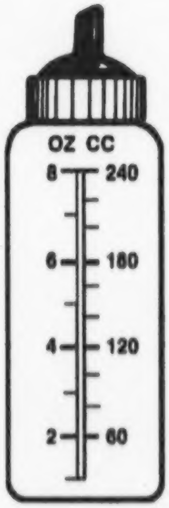
2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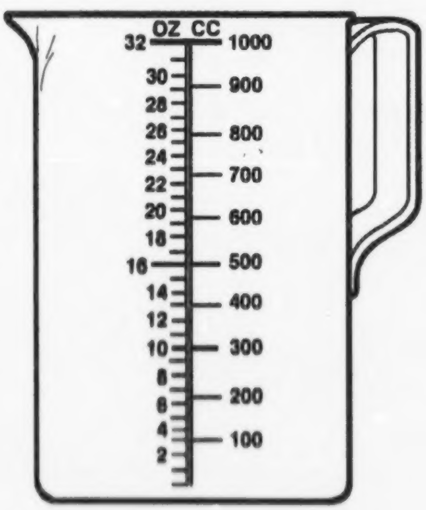
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4
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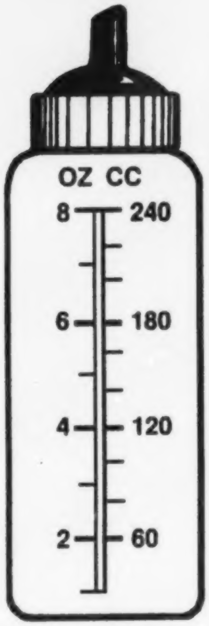
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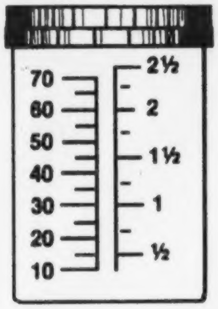
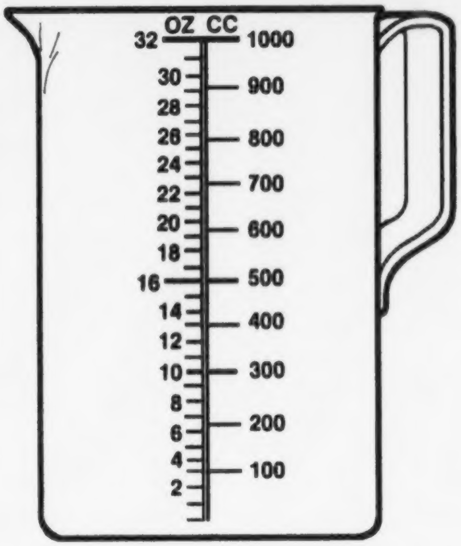
6 180
4 120
2 60


2½
1½
½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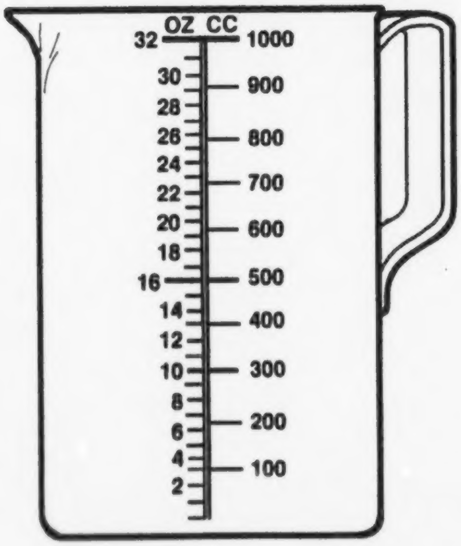
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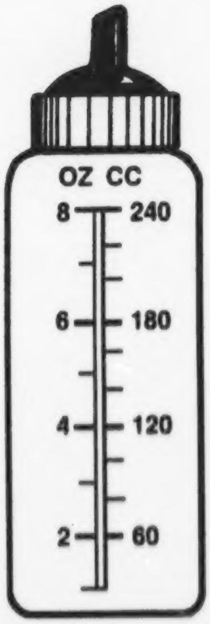
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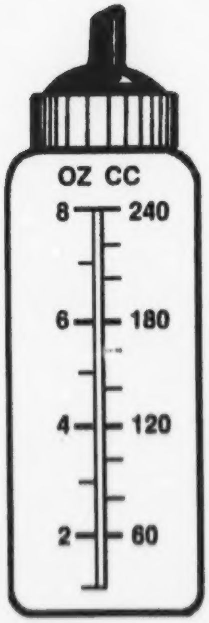

OZ CC
8 240
6 180
4 120
2 60

XXX

Intake and Output Record

VALLEY VIEW MANOR

FLUID INTAKE & OUTPUT RECORD

Name ______________________ Room __________

INTAKE					OUTPUT			
Date	Time	Meth./ Admin.	Solution	Amt. Rec'd	Time	Urine Amt	OTHERS	
							Kind	Amt.
TOTAL					TOTAL			

1 oz. = 30cc

Juice glass = 4 oz. = 120cc.

Cup = 6 oz. = 180cc

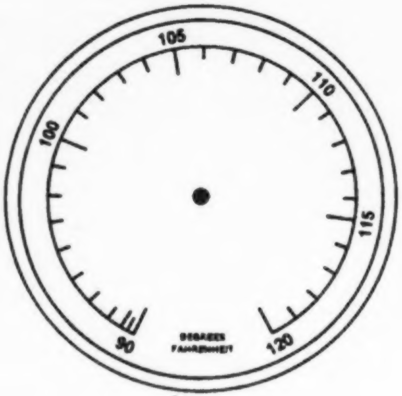
Glass = 8 oz. = 240cc

Soup bowl - 4 oz. = 120cc.

*Jello - 4 oz. = 120cc

*Measure servings in each facility to establish accurate measure.

Gauges and Bath Thermometers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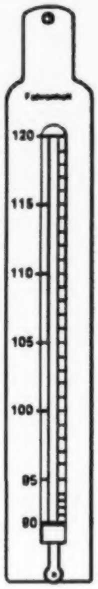
110
100
115
90
DEGREES FAHRENHEIT
120

____


Fahrenheit
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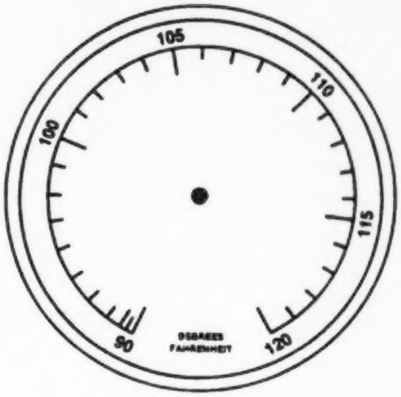
90

____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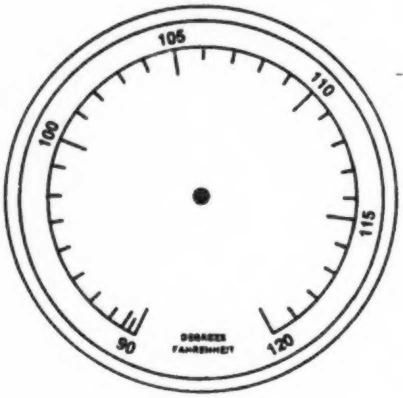
DEGREES FAHRENHEIT
120

____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100
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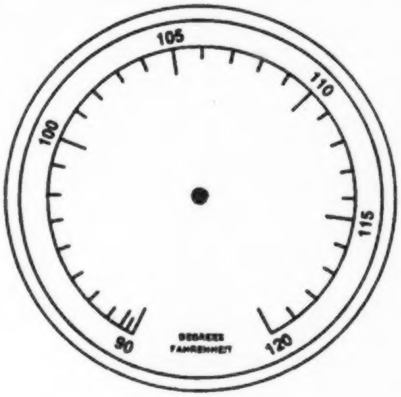
DEGREES FAHRENHEIT
120

____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DEGREES FAHRENHEIT
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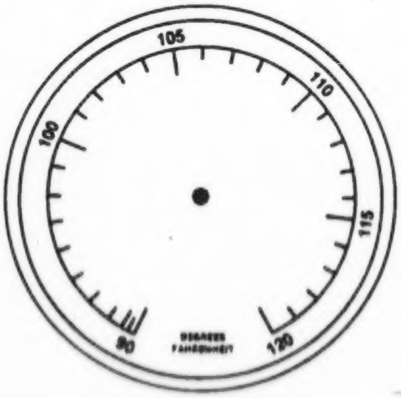
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DEGREES FAHRENHEIT
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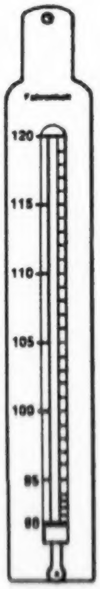
____


Fahrenheit
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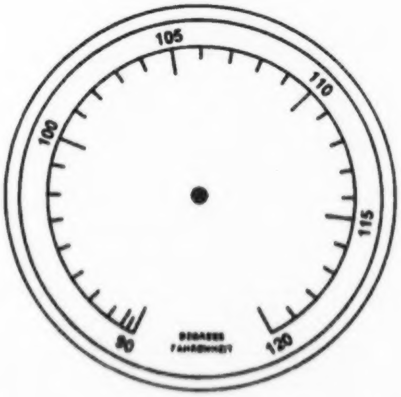
105
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90
DEGREES FAHRENHEIT
120

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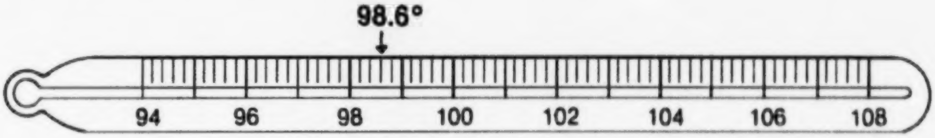
Centigrade and Fahrenheit Thermometers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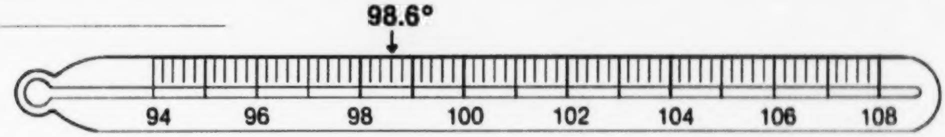
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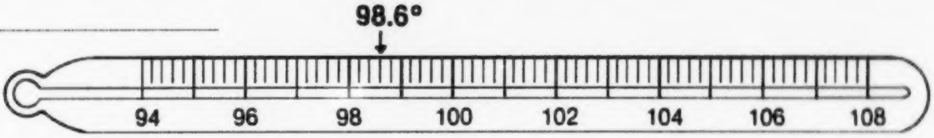
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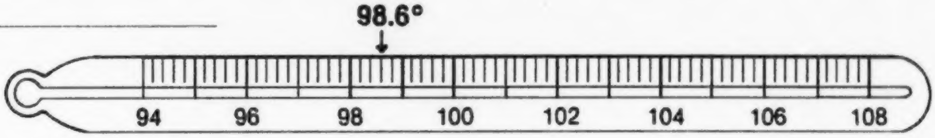
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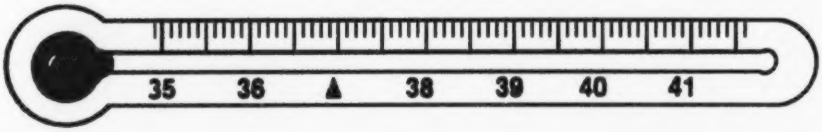
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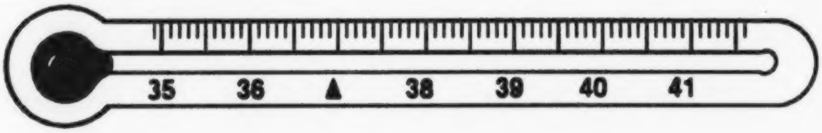
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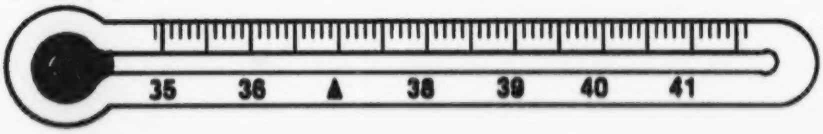
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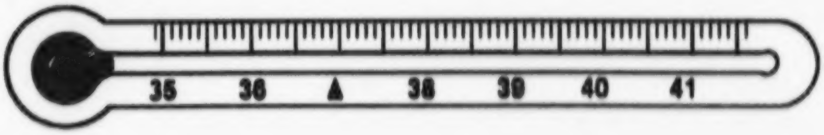
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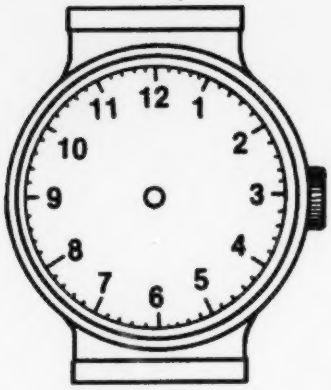
Counting Seconds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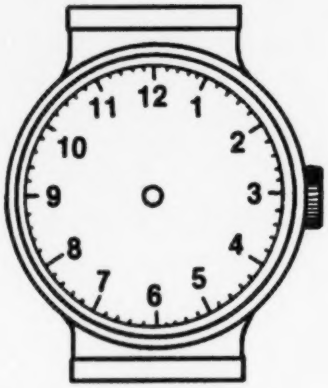
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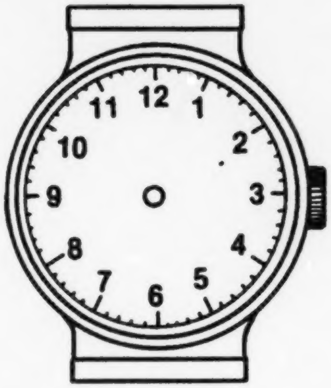
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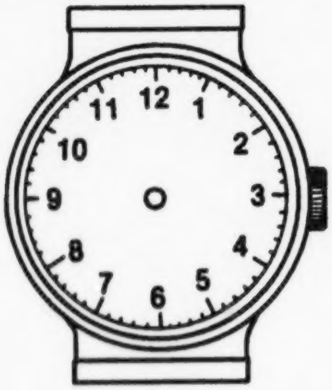
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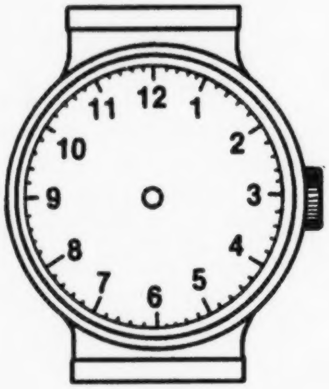
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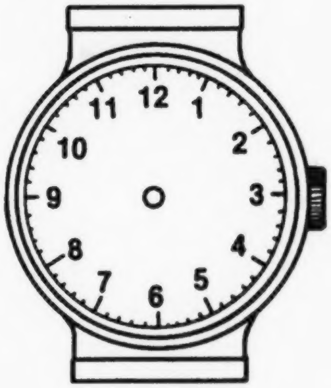
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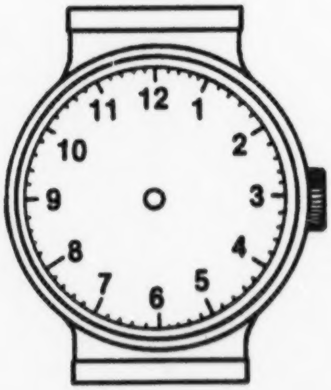
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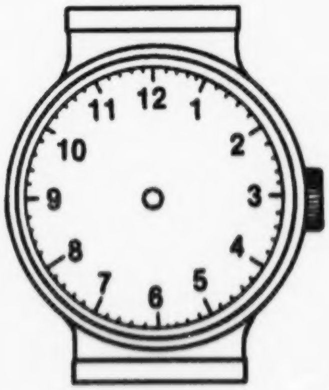
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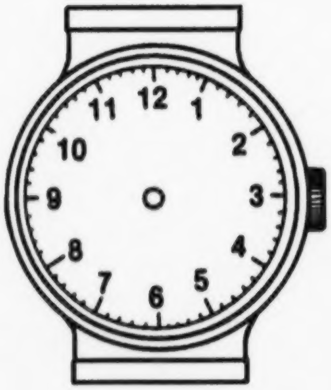
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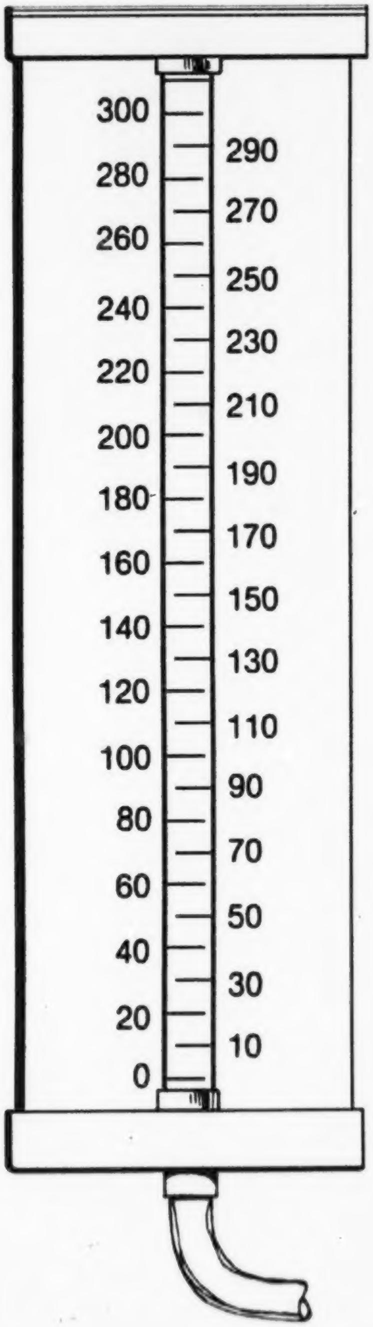
Blood Pressure Gauges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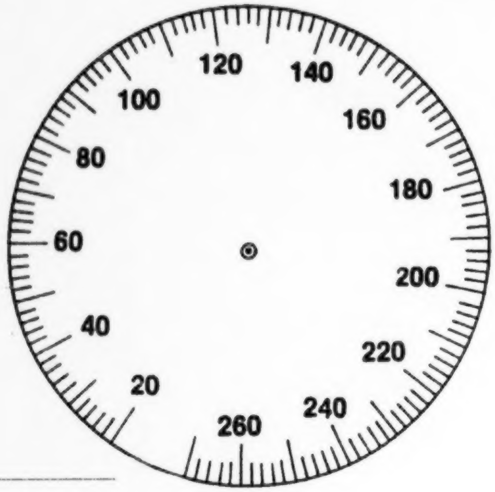
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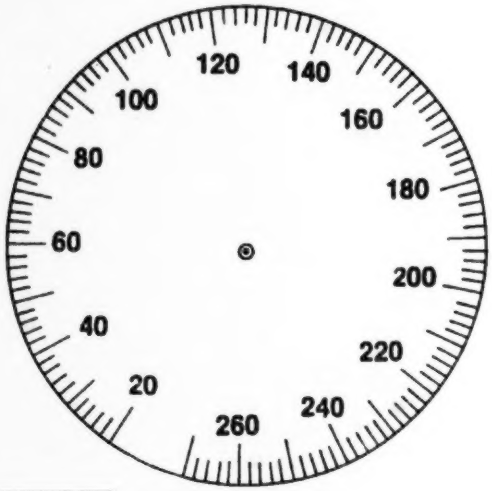
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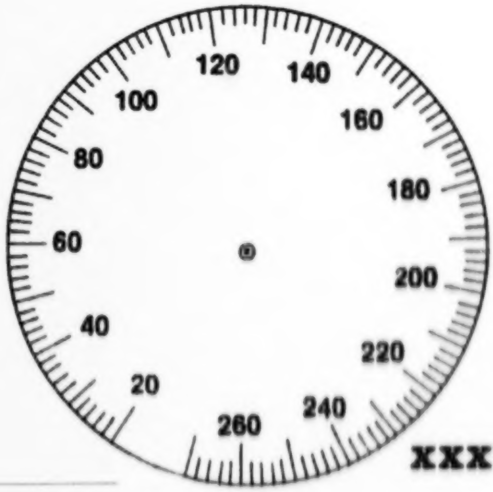
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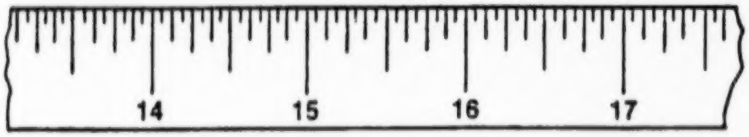
Rulers

____



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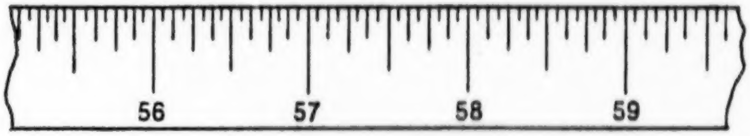

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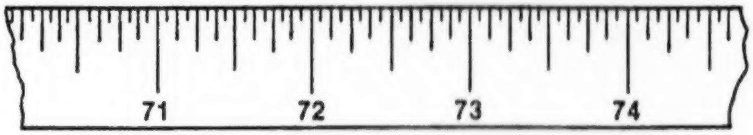

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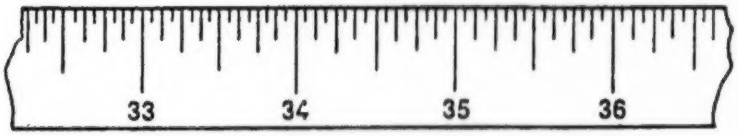

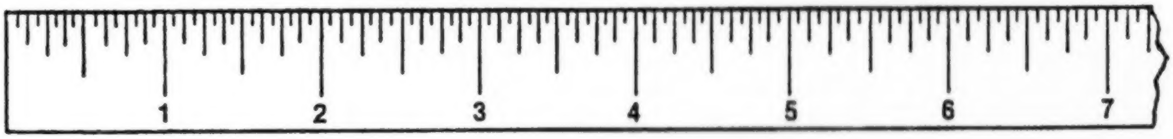

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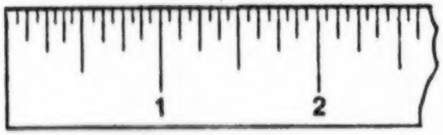
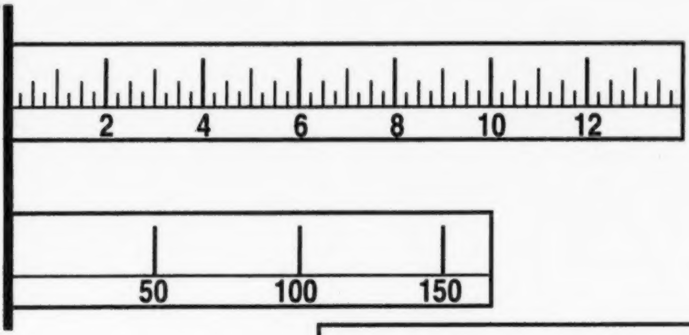


Unit 13: Using Basic Math Skills

HO 8

Scales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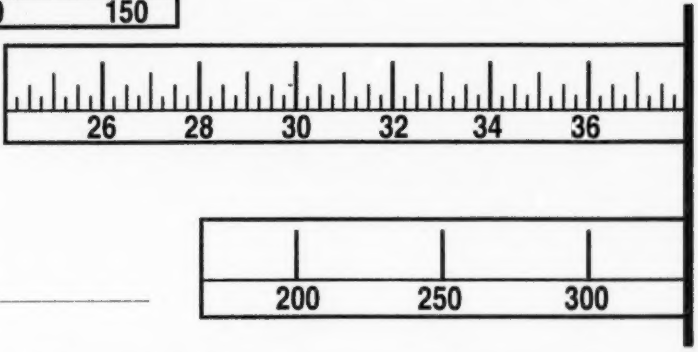
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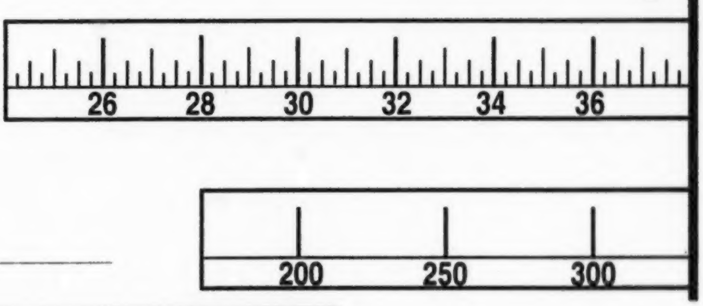
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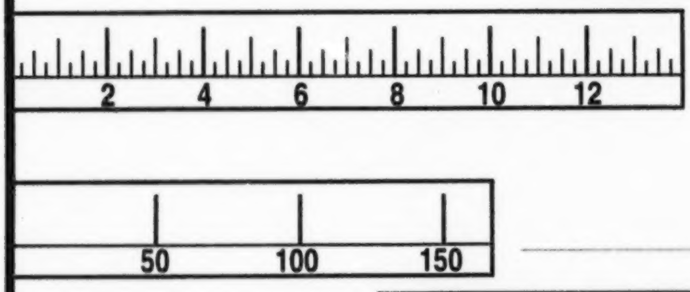
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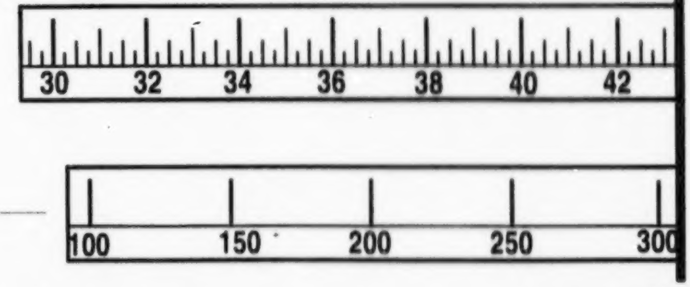
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